Metaphors in a district health authority

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Award date:
1992

Awarding institution:
University of Bath

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Submitted by Angela M McCullagh

for the degree of

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SUMMARY

This research has explored the workings of a District Health Authority (DHA) under general management by means of metaphors and organisational models. Findings about metaphor have resulted as well as findings about the organisation of health services.

Data was collected by the researcher, who was an officer in the DHA, from three case studies: surgical outpatient services, development of a day hospital and home for elderly mentally ill people, and geriatric services. Research methods are described; they follow the approaches of naturalistic inquiry. From the first two case studies, and additional data, a model of organisation was constructed: the "logger" model. All three case studies yielded metaphors spoken by participants, and the research analyses these to indicate insights into how these are used and what this might mean, in the DHA. This analysis is set against a description of theories of metaphor and their use, including the relationship of metaphors to models and a debate about the value of both in organisation theory.

The research discusses the notion of 'multiple metaphors' and devises a framework of how these may be related. In the light of this framework, some of the main metaphorical themes arising from the data are explored in some depth. Finally, the implications and limitations of the research are discussed, with suggestions for further work.

METAPHORS IN A DISTRICT HEALTH AUTHORITY

CONTENTS

CHAPTER 1

INTRODUCTION AND CONTEXT OF THE RESEARCH

INTRODUCTION

An early purpose of this research was to investigate what was happening in a District Health Authority, by means of the use of metaphor and organisational models. During the course of the research, I began to investigate the subject of metaphor more deeply, and my findings are as much about metaphor as about the District Health Authority.

My research was conducted at a time of reasonable stability in the NHS; general management had just been introduced following publication of the NHS Management Inquiry(Griffiths) Report in 1983, and the most recent NHS reforms signalled in GB Parliament(1989,1990) had not taken place.

Other research into the management of the NHS has tended to be conducted by questionnaires, or researchers visiting interviewees, for example the work of Stewart (1982, 1989) and her investigations with the NHS Training Authority (1987) of what District General Managers do. The research presented in this thesis is different because it has been undertaken while I was an officer of the organisation also acting as researcher. It follows the principles of

'Grounded Theory' proposed by Glaser and Strauss (1967) and of Naturalistic Inquiry e.g. Lincoln and Guba (1985). Few such studies in an NHS setting have included managers, as well as care professionals, as subjects. Richman(1987) points out that whilst medical encounters have been studied, what he calls the "administrative frame" has appeared only in a shadowy way.

Most previous work on metaphors and health has been from the patient viewpoint, for example, Linden's (1979) study of metaphors of psychiatric hospitalisation. There, the topic is the hospital setting, so parallels mine to that extent. Other studies have concentrated on images around illness and medicine e.g. Geest and Whyte(1989) debated by de Boeck(1991), Sontag(1983) who looks at both metaphors of illness and illness as a metaphor, and Viney(1989), who considers the patient viewpoint of illness in some detail.

My approach in this research was to look at what was going on, with naturalistic study methods, via the use of organisational models. Through exploring organisational models I became immersed in the subject of metaphor. I have found this to be a topic with potential benefits for insights in many fields: many writers quote Aristotle's statement that "the greatest thing is to be a master of metaphor". But in some ways it is a daunting subject: Fernandez(1977) has suggested that metaphorical statements are "slippery". I discuss in this thesis that both their use and interpretation may be risky, and Purcell(1990) notes Honeck's view that there are perils involved in

investigating what is an amorphous concept. The NHS is also amorphous and complex, involving all kinds of personnel, activities and working: e.g. Hunter (1990) describes health care organisations as "complex pluralistic constellations of highly variegated groupings". So I am applying one amorphous subject to another as an aid to new thinking about the NHS, and also some new thinking about metaphor in organisations.

The research has therefore drawn from data in its natural setting, to explore how to understand the working of the organisation better, what is important to new managers within general management and how they see their world, and ways of putting constructions on the uncertain, sometimes chaotic, environment around them. To do this, I have developed a model of the organisation from two case studies as a way of helping to understand what has been going on in the organisation. I have also investigated the metaphors that people have been using in the organisation in three different settings and explored some relationships between these. I have entitled the research "Metaphors in a District Health Authority" rather than "Metaphors of a District Health Authority" because I have taken the view which I discuss in later Chapters that metaphors not only interpret but also construct reality for stakeholders.

STRUCTURE OF THIS THESIS

In the remainder of this chapter I give a description of the context of the research within one District Health Authority, including some background to the NHS. In Chapter 2 I introduce the notion of metaphor, discussing ideas on how metaphor is characterised and theories of metaphor. In this I have taken the view that metaphors in organisations are not essentially different from metaphors used elsewhere, so I have concentrated on metaphor as a general subject more than on the use of metaphor specifically in organisation theory. In Chapter 3 I consider some uses of metaphor, and in Chapter 4 relate metaphor to organisational models , to take account of differing views on the value of metaphor in organisation theory. My aim in this is not to come to a final conclusion but to show that there is sufficient argument to support its value in organisation theory and justify its use here. Chapter 5 describes the methodology of my research. In essence I have used metaphor in two ways: to develop my own organisational model using themes drawn from the variety of what people are saying, not necessarily verbatim; and secondly to work with participants' own metaphors in order to help understand what is going on in the organisation and participants' perspectives on it. So in Chapter 6 I outline the proposed model, the "logger model", and in Chapters 7-9 discuss metaphors disclosed in three case studies and their implications. By this time I was working with many different metaphors, and I explore

more fully the notion of multiple metaphors in Chapter 10. In Chapter 11 I then apply my thoughts on multiple metaphors to some findings from my data. The final Chapter contains some implications of the findings both for the District Health Authority and for the study of metaphor in organisations, and ideas for further research. The remainder of this chapter now describes the background to the research and the setting within which the research took place.

CONTEXT OF THE RESEARCH

Background to the NHS

To set this research in context, I give a brief background to the NHS. The way the NHS is allowed to operate is restricted or allowed by Act of Parliament first in 1948 and subsequent Acts, for example major areas of work or functions are set and the powers delegated to each NHS tier. The structure has gone through many changes, but immediately prior to general management being introduced District Health Authorities (DHAs) were accountable to Regional Health Authorities, which were in turn accountable to the DHSS and Secretary of State. The "Authorities" consist of lay members at Region and District, and prior to general management, officer structures were topped by a Regional or District management team (DMT) of administrator, treasurer, medical officer, nurse adviser and perhaps works officer. Each District Health Authority operated in practice on a day to day level almost autonomously, employing its own staff and setting up its own communication links with other

agencies: Family Practitioner Committee, Community Health Council, Local Authorities and voluntary organisations.

A main feature in the development of the NHS leading up to general management was the growth in professional hierarchies leading up to DMT level or the level below. Thus, medical records had its own management hierarchy, as did catering and physiotherapy as well as the more obvious, nursing. Most of these professional groups are associated with a powerful professional organisation with its own identity and training. Medicine has been a special case in that, in particular, consultants were employed by the Region rather than District and so any idea of 'control' over what consultants did was difficult. The problematic task of coordinating and gaining agreement amongst these various disciplines and the proliferation of different kinds of managers formed an important part of the background to general management.

By 1982, Regions were responsible for strategic planning, monitoring progress, financial allocations and control, manpower and service planning. District Health Authorities (DHAs) were to coordinate service implementation and undertake more local planning and collaboration with local authorities, but with more day to day responsibility delegated to Hospitals and Community Health services. This was the situation when the Management Inquiry was set up during 1983 under (then) Mr Roy Griffiths and his team largely drawn from business. Thus, already, the NHS had been through extensive

reorganisation and there was some expectation this would be yet another.

The Introduction of General Management

The most well-recognised recommendation of the NHS Management Inquiry (1983) was the introduction of general management and in particular General Managers. Perhaps the most often quoted extract was: "At no level is the general management role clearly being performed by an identifiable individual. In short if Florence Nightingale were carrying her lamp through the corridors of the NHS today she would almost certainly be searching for the people in charge."

When I moved into my District planning post, District General Managers (DGMs) were being appointed from within the service or from outside bodies eg industry or the military. Structures were beginning to be planned within the District and some key aspects which remained beyond the appointment of District and Unit General Managers, were how doctors would fit into the new structure, and what would be the composition of the management groups to advise the general manager. One widespread effect was the devaluation of senior managers in their own profession, in particular the District Nursing Officer post largely disappeared. Thus the general context was one of expected major change; people at Unit level particularly and in professions were apprehensive about new arrangements. Within this setting the research work began, alongside

people new in post (professionals newly with management responsibilities) and people with altered responsibilities and roles. The next paragraphs describe my own background, then the organisation as the new structures were implemented, before I go on to describe how the research began.

The context of my own background

As part of the context of my research I must describe at least in outline my 'baggage' I brought to the research as referred to by Mangham and Bate (1981) because of the impact this had on my perceptions of what was going on.

I had spent most of my career in Operational Research undertaking a variety of studies: five years in the Ministry of Defence and two years in the DHSS. I was used to working through problems in what was intended to be a scientific way, though often studies were 'quick and dirty' rather than using sophisticated techniques. I then worked for two years at the Regional Health Authority, firstly in operational research but moving to the service planning branch which produced a large annual Plan document and undertook policy reviews and analysis. At that stage I felt that the real action in the NHS was happening out there in the Districts and hospitals and looked out for a District post. I am sure that my background in Defence coloured my attitude to the NHS, for example in feeling that there should be tighter control.

Description of the District Health Authority

The District is small by comparison with other NHS Districts. It lies in a prosperous area of the country within a Region which has had good funding expectations from the Government. It has one District General Hospital (the "County"), one small GP Hospital (Anton) about to develop into a Community Hospital partly with the closure of a nearby geriatric hospital St James, two other geriatric hospitals (St Peter's and Easton), a number of homes for the mentally handicapped and little in the way of local mental illness services. The majority of the services are completely managed within the District,which is based on three towns: Barton the largest, Anton and Easton.

Under general management the District had two new management Units: the Acute Unit comprising the District General Hospital(DGH) with all acute and maternity services, and the Community Unit comprising services for the elderly, children, mentally ill, mentally handicapped and community health, health promotion, family planning.

Two Management Groups were set up at District level: the Planning Advisory Group to advise Hugh the District General Manager(DGM) and the Authority on strategic issues; and the Executive Support Group to deal with more operational or executive issues. Both groups were chaired by the District General Manager and included both Unit General Managers (UGMs) and the District Planning Officer(my boss).

The structure of the Acute Unit also had two management groups, of which the main group was the Management Board: the Unit General Manager(also a consultant surgeon) Mr Morris, the Deputy Unit General Manager, the Director of Hotel and Support Services, and all the Clinical Directors. The Clinical Directors are Consultants who are taking the lead role in particular services. No one quite knows what that means in management terms but it is recognised that this is a different sort of management relationship from conventional line management. Each Clinical Director had a Nurse Manager accountable to him. I looked at the role of a Clinical Director and his relationship to other Consultants and staff in the department to which he belonged, in my first (outpatient) case study.

In the Community Unit, the hospitals each had a Hospital Manager. These were accountable to the Operational Service Manager Don who was in turn accountable to Jim the UGM. There were also Group Leaders within the Community Unit, one per care group. These met as a group with the UGM, and there was also a wider Senior Managers' forum (as there was in the District). Each Group Leader chaired a Service Development Group for their care group: elderly, mental illness, mental handicap, children, elderly with mental illness, and a health promotion group. These Service Development Groups looked after the development of the service and consisted of other professional members and also Norman a Service Development Officer (Planning Officer) with whom I worked closely in the second case study, Weston House. As well as Group Leaders there were nurses on

each Service Development Group who had a budget and to whom nursing staff were accountable.

Some activities of the District were particularly prominent on the agenda of members and senior officers. These were: the development of mental illness services locally, which meant disengaging from the service provided by a neighbouring District; and secondly, involvement as a pilot district for the Regional Hospital Information System - a new Computer System, and pilot site for the National Resource Management Project (previously known as Management Budgeting or Specialty Costing).

At the start of the research the new structure under General Management arrangements was just coming into place, ie Autumn 1985 to Spring 1986 for the main structural changes.

My position in the District

I joined the District in November 1985 as Assistant District Planning Officer, on a middle management administrative grade. I was told that officers at District level would be likely to take on a range of planning tasks. In this planning work, I worked with the majority of the Senior District Officers, and Senior Officers at Unit level, particularly the Community Unit. It provided a good opportunity to discover what was going on and what was being said about what was happening.

I would consider that my role in the planning post was largely technical and advisory, involving asking questions of people and a small amount of arbitration between views, rather than a decision making role. The bulk of the work was capital planning for building projects, preparing plans and programmes and obtaining and interpreting information for assessing performance. I discuss the more detailed tasks from which I have taken data (my "miscellaneous" data) later on in this Chapter.

CONTEXT OF DATA COLLECTION

I now describe the context of my own data collection over a period of about two years. The research was linked originally to my undertaking part-time a "District Management Research Project", in which I was working with selected senior managers in three stages: the first stage was a feasibility study interviewing a number of managers; secondly I worked with the Surgical Clinical Director, who newly oversaw outpatient services and this forms my first Case Study described in Chapter 7; I then worked with the Group Leader of geriatric services, also a consultant, new to his role of leading the whole service, and this forms my third case study described in Chapter 9. The District Project was described as a research project to help reach understanding between managers at different levels, including managers with professional roles, and to help provide a framework to aid the thinking of managers with professional roles. The Project was steered by a group of senior managers, chaired by the DGM, and included my supervisors from the

University of Bath and the Regional officer who directed the Region wide research programme of which my Project was part.

Alongside the District Project, I was also collecting data from my usual planning work, and my second Case Study in Chapter 8 is drawn from planning work for a scheme to develop Weston House home and day hospital. In Chapter 5 I discuss in more detail the methods and implications of collecting the various sets of data in this way in more detail. The following paragraphs describe the context of my case studies in as much detail as space allows.

Case Study 1: Outpatient Services

Outpatient services were not high on the agenda of senior District officers or the DGM. A number of studies had been undertaken elsewhere eg Operational Research Service DHSS (1985) on waiting times in clinics but that was all that NHS officers were generally aware of. Apart from a brief survey of start and finish times of clinics, there had been little research in our Outpatient Department (OPD); however, staff were aware that the building was to be upgraded, and that computers would soon be brought in.

With the introduction of "Clinical Directors" into the main Hospital, outpatient services became led by a young surgeon, Mr Hobson, who kept his clinical work and was less experienced than most of his general surgeon colleagues. He was the Clinical Director of the "unit" of General Surgery and Urology, in which were three

other surgeons, one of whom was a locum (temporary) Mr Cliff who was later replaced by Mr Flood. Another was a senior figure nationally in the profession, Mr Rutt. The third was a general surgeon of longstanding, Mr Leyton, specialising in bowels and veins, said to take a central part in the hospital Christmas play and thought of as a "character". Mr Hobson felt more able to influence what went on in the surgical outpatients area than the rest of the outpatient service. Sister performed the day to day running of the outpatient service and reported to Mr Hobson. She had been in post about four years, and had a team of nurses of various grades who worked exclusively in the outpatient department, and were attached to particular clinics. Each clinic was a morning or afternoon session held by a particular doctor for a particular specialty or condition. Sister was also responsible for reception staff.

Each of the four consultant surgeons had his own medical secretary. The secretaries all worked in the same unit office at some distance from the Outpatient Department. They had been in post for varying lengths of time: Mrs Beth Smith, Mr Leyton's secretary, had been his secretary for some years. During clinics, these medical secretaries were usually present in the main room where the consultant had his desk, but did not enter the adjoining examination rooms. The secretaries, if present, noted the discharge letters which the consultant dictated for the secretary to type afterwards. Julie, Mr Rutt's secretary, did his typing during the clinic. Only one consultant interviewed all patients

in the main clinic room: this was Mr Leyton. The others mostly saw patients only in the examination room. Also present during clinics would be one or two clinic nurses, who prepared notes and rooms before the clinic, showed patients in and out, talked to patients, assisted the doctor in the examination room and passed patients' medical notes to him one by one.

My involvement began during October 1986 when I produced a summary proposal for the Acute Unit. I then held a few conversations with Mr Hobson, in which we considered possible topics to work on eg day surgery and from which I drew "maps" (described in more detail in Chapter 5) within the broad subject of surgical services. Mr Hobson wanted to focus on surgical outpatient services, and I drafted a project statement for this work. At this stage, outpatient services was seen as a useful first step, with the possibility of other work. A meeting was held with Mr Morris the Acute Unit General Manager and Mr Hobson to discuss my proposals and a note sent to staff likely to be involved. The UGM raised a number of areas in which he was interested and offered to intervene if necessary. After an initial meeting with the Sister in the Outpatient Department during March, intensive interviewing work with local staff commenced part-time.

A particular aspect of the outpatient services was chosen as a "lead in" to asking more general questions. This was "What happens between GP referral and first outpatient attendance?" A number of headings such as this had to be devised partly in order

to explain my presence to staff. Other phrases such as "pooling ideas" or "helping the Clinical Director" were also used. I held an initial round of interviews with the Consultants' medical secretaries, with the primary explicit aim of identifying this aspect, and comparisons between firms (each Consultant's medical team), but a number of other issues were also raised. I had meetings with Mr Hobson throughout this period, and also separately with Sister. At Mr Hobson's suggestion, I observed the two weekly clinics of three of the four Consultants in the surgical unit. The fourth refused, but agreed to be interviewed. Although somewhat time-consuming on my part, this seemed to achieve a number of objectives. It enabled me to ask more pertinent questions, with greater understanding both of what I saw happening, and the perceptions of the various participants in a clinic. I had occasional more informal discussions with staff, although I did not spend entire days in the Department; I was also able to gain more understanding of the patient viewpoint, but with little direct communication with them. At about this time I had conversations with Dr Hill our District Medical Officer and also District Information Systems Manager, and Julie, a former research nurse at the hospital, about the subject of outpatient services.

During April and May I held detailed interviews with each of the four Consultants, asking three open questions: what do you think is good about the outpatient service; what difficulties do we have in giving a good service; and, what changes would you like to see. Towards the end of May a "mini questionnaire" was circulated,

supervised by Sister, to all staff working in the Department (nursing and reception staff), with Mr Hobson's agreement. This simply asked the above three questions: and in addition, "What do you think constitutes a good outpatient service to patients?" My aim in doing this was to provide staff with some immediate benefit from my research work, but I regarded the data as ancillary.

I collected a number of issues raised from these approaches into a paper for Mr Hobson. He sifted through this paper and we extracted some initial procedural issues on which a policy statement might be agreed by the group of Consultants. This was to act as a first simple stage, in advance of the group tackling more difficult issues which could need substantial discussion. Other issues were identified as being appropriate for Mr Hobson to take up which related to the organisation of the department as a whole, and this would now form a separate strand in taking the work forward.

I attended the June meeting of the surgical unit Consultants at which it was agreed that a policy statement could be prepared on some matters of procedure. I prepared a discussion paper on some of the more difficult issues for the next meeting of the consultants in July, based on the agreed selection from the main paper discussed with Mr Hobson. These now included, for example, characteristics of appointment systems, proposals for agreeing waiting times, clinic atmosphere, use of facilities, objectives, clinic organisation and procedure, communication with GPs, aspects

of information to patients. At the meeting, action was agreed on four very specific questions of procedure; the surgeons would not agree any further action on any other issue raised.

Case Study 2: Weston House

The second case study related to the purchase of Weston House, a large house in an older up-market residential area of Barton, and getting planning permission for our proposed use as a home, day hospital and base for community staff caring for elderly mentally ill (psychogeriatric) people. In this exercise we had strong opposition from neighbours to the project and undertook extensive work producing information to convince people of the worth of our plans. As I prepared the data from this case study for analysis, I wrote a detailed narrative of events or a "thick description", from which to draw my interpretations. The full thick description is too long to include in full, so I give here a summary of the events over about 6 months from Summer 1986 and include at Appendix C a short extract from the detailed narrative.

Before Weston House appeared in July 1986, other properties had been looked at over nearly a year. About nine months earlier, a property of Mead House was on sale, but this fell through. When Norman arrived in April as Service Development Officer, Community Unit, he had the task of searching for an alternative property in Barton.

While I was on leave in July, Norman with Garth our Building Officer, and Mick the Director of Nursing Services for Psychiatry, looked at Weston House which had a main house and coach house. When I returned Norman was saying we were ready to instruct the local District Valuer (DV), ie that we wanted him to negotiate a purchase price with the Estate Agent. I spoke to Norman about doorknocking: calling on neighbours to explain what we were proposing, and he said he was set up to do that with Billy, Mick's deputy. We discovered just in time, before we knocked on her door, that Mrs Ann Swann, one of our Authority members lived opposite Weston House. At that time it seemed that the City Council had no policy likely to restrict approval, and any trouble would arise from neighbours objecting. This did not worry us at that stage. I saw Cyril to check what should happen, as I would be coordinating the purchase, and told Garth what should be done. Garth had asked Barton Architects to produce the location plan for the planning application, and I now contacted the DV. On Garth's advice we planned to provide 10 beds in Weston House. Norman phoned the Agent who said an offer had been made but the vendor was open to other offers; we were later accused of gazumping.

It took the DV a couple of weeks to agree a price through the Agent with the vendor, Dr Bird. The DV said that he thought we might have trouble from the neighbours as the property was in an exclusive area. We had had a few letters and 'phone calls by this time expressing concern and asking questions but at that time we

expected to get planning permission in early September. I instructed our Regional Solicitor to proceed with conveyancing.

In August we made the planning application. It transpired later that an out of date location plan had been used which did not show one of the neighbours' properties.

At this time I had a 'phone call from Mr Green, whose land adjoined the part of Weston House plot where the coach house was. I asked Billy to talk to Mr Green; Billy later told me that he thought he had convinced him about the therapeutics, and had said there would be little disturbance or traffic. On the same day Mr Kibble, a more distant neighbour, phoned me, saying he was in principle alert to such applications and knew the area, complained he had not had a visit and said he was worried about parking and it was a dangerous road. We later discovered he had circulated a letter to neighbours urging them to oppose us. I also asked Garth for a copy of our planning application. He said he thought there would be enough parking spaces. Four days later, still in August, a letter from next door neighbour Mrs Court appeared in the local newspaper, complaining about the way we had gone about making the application when people were on holiday, and giving in her letter the deadline for objections. At the end of August Mick and I visited her and her husband at home; Mr Green also turned up. We admitted their house was close (it had been built on a plot taken from Weston House's original garden). We noted points they made on parking, noise, privacy and maintaining character of the area.

Norman told me that local Councillor Patty Prisk (also a member of the Community Health Council) had talked to Billy and was supportive. She had held a "fiery" meeting with neighbours. At the beginning of September I 'phoned Mr Fish the Council Planning Officer who said he had been trying to get more information on our application. He said the Council officers had met, there was a straight deferment to the Committee, and more information was needed: floor plans showing use of rooms, site plan to show parking and more traffic estimates. He said if the officers decide they themselves want to raise no objection, then because of neighbour opposition it would go to the October Planning Committee meeting. I 'phoned Garth to arrange for the plans while I worked on the traffic, and arranged to see Mick and Billy.

Given this information, there was the question of whether we could delay exchange of contracts until after getting planning permission which did not look so likely now. I spoke to Mollie at the Regional Legal Department who said she could not stall until mid October before exchanging. Mollie said there were some covenants, and I asked for her advice on this in writing. As part of collecting information for Mr Fish, I asked the Operational Manager Don what catering arrangements would be likely. I saw Mick about traffic, and he began to think about staff numbers. I wrote to Mr Fish with several pages of information.

In mid September the vendor 'phoned me, saying his lawyer had not heard from ours, they had found their new house and if we did not

come back to him by the following Tuesday he would let the property go to the original buyer. Hugh the DGM, Jim the Community UGM, Cyril and I met later that day. Hugh asked if we could get more advice on the covenant, could we change it, and said we should ask Mr Fish what we can do to divert (from him) the flak. Hugh said he thought we would have to go to exchange of contracts but wanted this to be a Chairman's decision. We talked about briefing Planning Committee Members. Hugh said we should also think about a newspaper article. Jim said he felt it was appropriate for the work to be led by the Community Unit (rather than District HQ staff ie Cyril and me).

The following day, I spoke to Wendy (senior to Mollie) in the Legal Department. She said we did not need to worry about the covenant too much. That morning the Chairman, Hugh, Cyril and I met. The Chairman agreed we could go ahead and exchange contracts.

Later in September another letter appeared in the local paper from Mrs Court criticising our proposals and saying Weston House was too small. A week later Hugh responded to this saying that Weston House would meet our requirements well. We exchanged contracts mid September. Mr Fish then 'phoned me with questions and suggestions and Mr Fish, Garth, Norman and I met. Mr Fish raised questions of traffic, visitors and whether we needed a fire escape. He proposed we moved the first floor windows overlooking Mr and Mrs Court's garden, which we agreed. He asked us for more plans and whether we would consider not including the day hospital there. We said no.

At this time Jim, Billy, Norman and I met Patty Prisk and Ann Swann. Ann appeared not to give total commitment. Patty asked questions on traffic and single rooms, and said we should brief the Planning Committee Chairman, Poppy Eve, and the other local Councillor, Captain Bunce, which we later did. I also checked with Nick, the Director of Nursing Services for Community services, who inspects private nursing homes, about space standards, but Weston House seemed just about within these. I also saw Robbie a Regional Press Officer about a press release; he said we needed to tack onto something of news value, eg facts on money and staff for the whole psychogeriatric service.

Norman and I went to Dr Pamela, the charismatic consultant leading the psychogeriatric service, to pursue queries raised by Mr Fish. She gave arguments for retaining the day hospital within the proposals. Billy gave me estimates of relatives attending a similar day hospital, and I asked him about sizes of rooms. I also asked Susan, Hospital Manager at St Peter's, for a quick survey of visitor numbers at her geriatric hospital in Barton, in order to assess car parking.

At the first Planning Committee meeting, mid October, the Chairman said to me before the meeting that they need to know more of what is to go on. The decision was deferred because Captain Bunce was away. The Chairman said a petition had been received. At the beginning of November Jim and I agreed to try and talk to existing patients in the area (having community nurse visits) and brief our

members. The visitors survey came in, and we tried to dig up quotes on Community care. Jim and I rang round Councillors before the November meeting but did not get through to many. A long report was prepared by Mr Fish for the Planning Committee and recommending no objection.

At the November Planning Committee, Captain Bunce spoke against the proposals. Patty Prisk spoke in favour. The Committee voted to object by one vote, and also voted to defer to full Council. Afterwards our Authority Member and also Councillor, Peter Daly, briefed Hugh on how Councillors had voted. A letter was then sent from our Chairman to all the Councillors to explain our position on appeal, which had been misunderstood at the meeting. At this time it became clear that our Member Mrs Brown, also a Councillor, was against the proposals.

Hugh, Jim and I met to discuss meeting the Alliance Group of Councillors. Hugh, Ann Swann and I went one evening to their headquarters, where Ann spoke in favour, and the Alliance Councillors raised questions. Ann and her next door neighbour jointly sent a letter to Councillors.

On the afternoon of the full Council meeting the Alliance leader Jack rang to ask about room sizes and space regulations. The Council meeting discussion covered: community care for needy people, impact on neighbourhood, the possibility of extension,

lack of space, traffic, selfish attitudes, the strength of petition, rooms too small. The final vote was heavily in favour.

In December Hugh, Cyril, Jim, Nick and I looked again at our nursing home regulations and decided how 10 beds could still be fitted in and the space regulations still met. Afterwards I briefed Norman who would lead the detailed planning by a project team. In March, Hugh, Cyril, Jim and I met with a few Authority members to review the process and see if we could learn lessons. To my surprise, this all seemed low key, after their previous strong views.

Case Study 3: Geriatric Services

This third case study was part of the District Project. A group of 8 managers, drawn from services for elderly people was selected: Susan manager of St Peters, Nick the Director of Nursing Services, Sister Liz Mills from the day hospital at St Peters, Norman the Service Development Officer, Jane a sheltered Housing Warden, Pat a community Care Attendant Coordinator, Jim the Community UGM and Dr Carter - consultant and Group leader of the multidisciplinary Service Development group for geriatric services.

I had met Liz briefly earlier: she was a career nurse, had been Sister of the geriatric day hospital at St Peters for many years, and was near retirement.I knew Susan, though not so well. She had been a nurse but had moved into management; she seemed forthright in

her views, wanting to make improvements, but pleasant in manner too. Norman was a close colleague with whom I had worked on several planning projects including Weston House; an ambitious career manager in his early thirties. I knew Jim also through the Weston House work, knew he had a management services and social services background, and was enthusiastic about collaborative work with Local Authorities.I had only come across Dr Carter briefly, but I knew he was keen on management and had been doing research himself on screening elderly people living in the community. I had not come across Jane or Pat before but found them very ready to give opinions - perhaps this was a rare chance for them.

My prior knowledge of some of the participants' background and views was valuable in interpreting what they said as I show in Chapter 9. They also knew each other to varying degrees, though most did not have day to day contact.

I had taped interviews with each one based around the qestions:what would you like to see in your service, what would you like to see in services for the elderly generally, what sort of changes you would like to see in future, what leads you to say or think that; what results could this have for the elderly and what could the service look like then. I concluded the interview by asking them: had they a summary message for the organisation. I drew the material from each interview into maps which related issues, and explained the work to them as "helping them think through issues of concern to them". At a second brief interview I checked back the maps. I then had small

group discussions of certain interviewees (not all - in practice it was affected by who could come), with the group talking together about their maps. I asked members to consider together on which issues action could be taken now, and who might contribute to this, what might need to be done in order to do this, and what would result. The interviews and discussion were very open-ended; my part in the discussions was limited to prompting occasional questions and encouraging moving onto another topic if time was short. In practice conversations ranged freely around subjects the participants were interested in. Examples were support for informal carers(e.g. relatives), the image of the geriatric hospital, integrating care attendants with home helps.

As far as the District project was concerned, the outcome from this stage was for further work in which I was not involved: to look further at the idea of rehabilitation- to "make it clearer"(Dr Carter and Susan were asked to do this), to examine what happens when referrals are made to a consultant geriatrician (a research nurse took this on) and a dialogue between Jim and Dr Carter over several of the issues raised: although I was present,they did not want me to tape this.

At the time I regarded the taped data as supplementary to Case Studies 1 and 2. However, after developing my own logger model, I began to concentrate on the metaphors which participants were themselves speaking and I realised this was my richest source of data for that kind of analysis.

I found that people had difficulty in describing a desired future, but seemed more comfortable with criticising certain existing arrangements, and that they found it particularly difficult to name individuals who could work on issues. Whilst this emphasises the parochial attitude I have included in the logger model , it also has affected the data collected, which is more about views of or constructions on what is happening now rather than visions of the future. For me this does not matter; I have been interested in seeing how people talked about what was going on; and where those views aligned or differed.

Other sources of data

Other sources of data drawn on in this research derive from my planning work. I later refer to these as "miscellaneous" data, and have used them in the development of the logger model. These were: moving a physiotherapy clinic in Easton; planning a hospice in Anton; planning an Acute Mental Illness Unit; and other 'management' or more regular activities of information and finance; the annual planning cycle; reviews and programmes; and Performance Indicators.

Moving a physiotherapy clinic in Easton. A clinic in the centre of the town was to be moved in order to release a large building for a mental illness day hospital as one step in the process of community care for mentally ill people. The issue was where the clinic should be reprovided; it was decided to locate it on a local

hospital site just outside town. Physiotherapy staff were at first reluctant to move. Once a decision on siting was made, I was a member of the project team set up to decide what the new 'rehabilitation unit' at the hospital would be like.

Planning a hospice in Anton. I became involved briefly in this, to undertake a feasibility study on various locations and sizes of a small hospice on a hospital site. Fund-raisers wanted a stand-alone building but the problem would be high running costs. The Health Authority would not want to fund these and would only fund the unit by closing a few other beds in the hospital.

Planning an Acute Mental Illness Unit. This project was to plan a sizeable 'acute' unit i.e for severely mentally ill people in the centre of the District. My task was to produce the outline plan identifying size, order of cost, forecast patient numbers and rough shape, doing this with Regional officers and, again, 'users' or professional care staff, and Works professionals.

Information and finance. This broad heading covered a number of activities. My role in the building projects meant I was abreast with major expected expenditure which was considered alongside the District's overall financial position, for example, projects had to be deferred through lack of funds. I was involved in preparing "Short Term Programmes": programmes for the next financial year showing reconciliation of expected resources and planned expenditure; keeping an eye on how expenditure was going meant

trying to be aware of how each Unit's expenditure was going. When for example the Acute Unit became overspent it seemed important to identify what workload had been done, this being suggested as the cause.

The annual Planning Cycle : Reviews and Programmes. In the NHS Planning System we were required to produce programmes every year but also be reviewed by the Region at an annual Chairman to Chairman meeting; I became involved in writing and researching papers for these meetings.

Performance Indicators Annual sets of 'performance indicators' for each District were produced by the DHSS since 1982. The idea that these could be useful was gradually, after early opposition, becoming accepted through the NHS though there were many people in the District who did not know what they were. I was asked to comment on the values of our indicators or talk about them generally.

SUMMARY

In this Chapter I have described the context of the research. Given the background of the introduction of General Management into the NHS, and the way in which the District Health Authority in which I worked was organised, the research has covered a number of areas within the organisation: Case Study 1 on outpatient services, Case Study 2 on Weston House day hospital, Case study 3 on

Geriatric services and some miscellaneous topics from which I have also drawn data.

CHAPTER TWO

WHAT IS METAPHOR

INTRODUCTION

From a discussion of the setting of the research in the DHA, I now switch to introducing the subject of metaphor. In this Chapter I suggest how metaphor may be characterised, and discuss and comment on some theories of metaphor.

Many writers have pointed out the difficulty of defining metaphor e.g. Cooper (1986), Mooij (1976). Booth (1979) points out that whilst most might agree that "you're the cream in my coffee" is a metaphor, only some would consider "I'll defend that position" to be metaphorical. Views also differ on whether metaphor is purely linguistic. For the purposes of this research the view which regards metaphor as linguistic will suffice but I have sympathy with views e.g. Kittay (1987) that we can have metaphor in dance, painting or other expressive medium, on the grounds that metaphor is conceptual and many of our actions are based on metaphorical conceptions. An important corollary is that metaphor is based on thoughts; according to Richards(1936) there is interaction of thoughts in metaphor and not just words. It has also been suggested by Dirven (1985) that metaphor may operate at different levels of language structure including, for example, sound symbolism in

phonology where say "sw" denotes a "curved fast motion" in swerve, swish, swig, swing, swell: Dirven calls this "sound metaphor".

In another debate some writers suggest that metaphor cannot be separately defined as a unit of discourse but a use of discourse (pragmatics). Searle (1979) proposes metaphor as a speech act, as would be an assertion or a command for example. Moore (1982) describes it as a second order use of language. Here, I have taken the view that some discussion of how to identify metaphor is important - I have selected metaphors from my own data; but the variety of uses of metaphor and the role of context also need to be emphasised, which I do in Chapters 3 and 5. So I will follow Mooij (1976) in saying that we need as a starting point some characterisation of metaphor. This may not be a precise definition, which is difficult as many writers have recognised, but we need some guide to identify metaphor, even if we hold it as provisional.

WHAT IS METAPHOR?

In Henle's (1958) view, metaphor produces shock;in Beardsley's(1962) view it involves some form of conflict. Wheelwright (1962) referred to tension as did Richards. But as Mooij points out, surprise is subjective. He decides on a notion of "foreignness" being significant. This means that the vehicle, or the words which may be used metaphorically, would have a field of literal or standard meaning which results in certain specific features being stated as present in the tenor, the main subject matter under discussion, but

which crucially conflict, contrast or clash with the tenor. The idea of characterising metaphor by its strangeness or foreignness goes back to Aristotle and his definition of it as the application to one thing of a name belonging to another. Kittay (1987) suggests metaphor is any unit of discourse in which some conceptual or conversational incongruity emerges. So the idea of foreignness is widened to include the breaking of conversational rules (some writers e.g. Sarbin, recorded by Allen and Scheibe(1982) refer to Grice's conversational maxims). Tourangeau (1982) suggests a general test of the joining of two separate subjects.

A major problem with the idea of "foreignness" to attempt to define what is a metaphor and what is not (putting aside here the argument, which I discuss in Chapter 4, that all language is metaphorical anyway) is that some statements have both reasonable literal and metaphorical meanings. My data has the example: "The consultant will admit to the beds" (Nick speaking about Weston House). Here, beds are literal in that the psychogeriatric patients do indeed use those beds at least at night, but beds are also a metaphorical term for the place provided for an inpatient in Weston House. Kittay (1987) uses an example: "The thieves ordered him against the wall and tied his hands. There was no escape. He realised that both literally and metaphorically he was (1) up against the wall and (2) his hands were tied" (p.76). Richards(1936) cites an example of a "wooden leg" being both literal and metaphorical. For him, drawing on Dr Johnson, the essential test of a metaphor is whether the statement gives two ideas for one. Another problem with the

foreignness view, as Black (1979) points out, is that negative metaphors may be read literally but are still metaphors.

METAPHOR AS PERSPECTIVE

So we have at least three possible ways, from the literature, of characterising metaphor: we have the notion of foreignness, suggested for example by Mooij(1976), oddity or strangeness to indicate that a literal meaning is not indicated. We have Richards'(1936) view of a metaphor giving two ideas for one. We also have the view particularly expressed by Kittay(1987) of metaphor as a perspective of one idea on another; hence it is not "symmetrical".

In my view, the idea of foreignness is not sufficient; we have above metaphors which make sense literally too. The notion of two ideas for one meets this point, but hardly covers the case where the topic is a new unknown concept: which as Martin and Harre(1982) argue can only be "known" through metaphor, and these may be called novel metaphors. Here we see the claim of metaphor's role in theory building, which I explore further in Chapter 4. A second form of novel metaphor is described in the literature: Culler(1981) referring to Fontanier describes it as when a sign assigned to a first idea is assigned to a new idea which has no expression e.g. "head" of lettuce.

Thus, I prefer the wider view of metaphor as perspective, itself of course a metaphorical idea, of visuality,but (since it is being

applied metaphorically) does not exclude metaphors which do not easily give visual images. It is as if one is seeing something (perhaps only a glimpse) by means of looking at or through something else. This view does not go against the idea that all language is fundamentally metaphorical (see Chapter 4) by considering all language as a perspective, in Wittgenstein's terms as recorded by Brand(1979): "seeing-as". It also accords with Tourangeau's broad test of the joining of two separate subjects.

Other writers have considered metaphor as perspective: Turner (1987) describes metaphor as a way of seeing one conceptual domain in terms of another; Parker(1982) cites Wheelwright's description of the "radically perspectival aspect" of metaphor and Kenneth Burke's reference to metaphor achieving "perspective by incongruity", which Henle(1958) recognises as itself metaphorical, but Parker goes on to highlight the danger of a more "daemonic perspectivism which subverts the efforts of the mind to dream of diversity"(p.155) - that a perspective may not only "illuminate" in Martin and Harre's(1982) term but also dangerously restrict view. However Parker later recalls Shelley's idea that the continual movement implied by metaphor may be the promise of continually changing perspectives. I return to this ambiguity of metaphor in Chapter 3, and the subversive nature of metaphor in Chapter 4, but for now I think this means two things: that metaphor has multiple interpretations none of which is fixed, and metaphor by its nature as a mobile unfixed statement - a possibility only - leads on to other possibilities being tried; metaphor invites us to move

continually from one metaphor to another. Not only is metaphorical language essential by this view, but so is language that consists of multiple metaphors, a theme I take up in Chapter 10. Kenneth Burke quoted by Henle (1958) p.192 regards metaphor as a "device for seeing something in terms of something else,...tells us something about one character considered from the point of view of another character, using B as a perspective upon A". This, then, is close to my own view, but I think especially with certain metaphors one must be prepared to shift one's direction of view (as it were) so that we do not only see A through B but may see the effect of A and B juxtaposed and even possibly, B through A. I go into this a little more in talking about symmetry.

Taking the notion of metaphor as perspective also enables us to include metaphors which are not just brief single phrases, open to semantic interpretation and classification e.g. Black's(1962) definitions of 'frame' and 'focus' or Richards of 'vehicle' and 'tenor', but which are whole passages of complex ideas. This is seen in allegorical works or poetry e.g. Milton's Paradise Lost. But it also opens the possibility of metaphors as total (often visual) ideas which may lead into a structured model or an unstructured extended metaphor (metaphorical narrative) or something in between. So also any model or extended metaphor has associated with it many related individual metaphors e.g. in the discussion of spatialization metaphors by Tolaas (1991) the metaphor "control is up" produces related metaphors such as "there are 120 men under his command", or, "the pupils submitted themselves to discipline". Or

the example data quoted in Mumby and Spitzack's (1983) discussion of metaphors and their entailments in political stories in television news, includes, say, a container metaphor for a report with phrases such as: "information is pouring in", or "so far we are low on facts".

Tourangeau (1982) considers this as making a projection by creating a set of beliefs which can apply directly to the topic of the metaphor. Gentner(1982) takes a similar approach when using terminology of source domain and target domain. The two subjects, from different domains, are actively engaged and can be said to interact in the interpretation. But more about interaction later. This is one way then of describing the explaining or expounding of the metaphor, which if done in a structured way is what I call here a model.

This is as far as I want to go in attempting to characterise, let alone define, metaphor. Kuhn (1979) prefers to talk about metaphor as a process, and Turner (1987) regards metaphor as a way of thinking: a mode of cognition. Black (1979) suggests that our recognition of metaphor can depend simply on our general knowledge of what it is to be a metaphor, and our specific judgement that a metaphorical reading of a given statement is here to be preferred to a literal one. Like other writers, he agrees there is no infallible test to distinguish metaphor.

METAPHORS AND OTHER FIGURATIVE LANGUAGE

With other writers I have had to consider how far to take the distinction between metaphor and other kinds of figurative language. Many writers, for example Cooper (1986) and Black (1962) use metaphor to stand for any trope or figure of speech. I have included in my research simile as well as metaphor but not other tropes. Whilst I appreciate Black's (1979) distinction between the two (see his reference to the wolf mask later in this Chapter), I regard comparison views of metaphor as an important, though incomplete, aspect of metaphor interpretation, and this does provide a vital link with simile. In practice, I think the use of simile versus metaphor in everyday language may be little more than an accident of speech at the time; people use metaphors for their conciseness (particularly "verb" metaphors, which I identify in Chapter 5), but against that the use of metaphor requires boldness(see Chapter 3) - perhaps more so than simile. Booth(1979) refers to simile as a less risky metaphor. Cooper(1986) suggests it matters little whether we treat metaphor as a kind of simile and refers to Wheelwright's idea of "energy tension" being a deciding factor in each case. Hawkes(1972) quotes Barfield - that "the essential nature of figurative language is most clearly apparent in the figure called metaphor" where it means or stands for something beyond itself. Mooij(1976) argues that metaphor constitutes the richer and more comprehensive field, though there have been attempts to separate metaphor (based on similarity or analogy) from metonymy (based on contiguity).

TERMINOLOGY

Having discussed at some length the possible ways of characterising metaphor, I now offer some working definitions of related terms, in some cases taken from the literature and in other cases my own, to help clarify subsequent Chapters.

MODEL: A metaphor explicated in a formal and structured way. I discuss this notion further in Chapter 4.

IMAGE: A sense-impression remembered (Mooij,1976,p.155).

ICON: A representation of an object in a picture, diagram or model (Paprotte and Dirven,1985).

SYMBOL: A sign which denotes something much greater than itself (Morgan,Frost and Pondy,1983).

PARADIGM: A broad view of how the world at large is seen. It can be a school of thought and is a wider concept than metaphor.

ANALOGY: A metaphor or simile which focuses on relationships between items.

MYTH: A story about past, present or future events (Abranaval,1983,p.286) which is asserted as dogma or taken for granted. While much interesting work has been done on stories in organisations e.g.Wilkins(1983) or Martin and Powers(1983-same volume),or Smith and Simmons(1983), I am restricting my research here to the subject of metaphor.

EXTENDED METAPHOR: A metaphor which is expanded upon and coherent with itself, but unlike a model, this is not done in a formally structured way. It could be a poem e.g. T.S.Eliot:The Waste Land.

In addition, I need some terminology in order to talk further about metaphor in particular theories on their interpretation. Writers have introduced terms such as vehicle and tenor(Richards), frame and focus or primary and subsidiary subject(Black), modifier(Beardsley), source and target domains (Gentner and others). For my purposes I prefer Richard's original terms of tenor and vehicle although as Kittay points out, Richards did not define these explicitly. I shall use Kittay's definition of vehicle:

VEHICLE: The idea conveyed by the literal meaning of the words used metaphorically. In this thesis, where the meaning is clear, I also use the word metaphor in the customary way to indicate the vehicle e.g. as in "metaphors of organisation".
TENOR: What the metaphorical statement is about.

For example, if we consider the organisation to be a prison, "prison" is the vehicle and "the organisation" is the tenor. It is worth noting that vehicle and particularly tenor may not be straightforward to identify,nevertheless I do use the distinction between these terms in my analysis of participants own metaphors in the three case studies. For example, in a "verb metaphor" (see Chapter 5) such as the chairman "ploughed" through the discussion, one has to decide what the word "ploughed" is being applied to - what the statement is about e.g. the Chairman's manner of action. One interesting point here is that even if the tenor cannot be readily articulated, and the words may be disputed, nevertheless the

metaphor can be understood. This supports Richards' view that it is thoughts or ideas which are actively involved.

THEORIES OF METAPHOR

The subject of metaphor has been a topic of intense research since the mid-1970s in particular, but with a long history. Many authors still cite Aristotle's views as well as those of English philosophers such as Locke and Hobbes. The ubiquity of metaphor (itself a title for a work by Paprotte and Dirven(1985)), in research at least is indicated by bibliographies of Shibles(1970) and more recently Van Noppen, De Knop and Jongen(1985) which cites over 4000 references to work on metaphor since 1975. Paprotte and Dirven consider the growth of interest in metaphor to represent a change of paradigm; from being deemed illicit and deviant from scientific principles, they claim it is now recognised "as one of the deepest and most persisting phenomena of theory building and thinking"(p.vii).

Given the size of the subject and its multidisciplinary interest perhaps it is not surprising that some writers have failed to relate their work to others, as noted for example by Mooij(1976) p.38. Since 1986 a journal has been devoted to metaphor and related topics:"Metaphor and Symbolic Activity". In my research I draw on the work of linguists, literary critics, anthropologists and philosophers, which provide what Frost and Morgan(1983) call a rich

source of theory and research, as much as on the work of organisation theorists.

CLASSICAL VIEW: SUBSTITUTION AND COMPARISON THEORIES

The classical view of metaphor was to regard it as an ornament or decoration of literal language. It was thus inessential, certainly not universal, and was even regarded in some distaste e.g.Locke's epithet of metaphor as a "perfect cheat".

The substitution view is the traditional view that a metaphorical expression is used in place of some equivalent literal expression. So the vehicle of the metaphor - the word or expression having a distinctly metaphorical use within the remainder of the statement - is used to communicate a meaning that might have been expressed literally. The reasons for using metaphor are then to plug the gap (as Black puts it) when there is no convenient literal equivalent (Black uses the example of "cherry lips"), or for style - for aesthetic reasons where metaphor is merely as above, a decoration.

The related comparison view of metaphor suggests that the vehicle is either similar or analogous in meaning to its literal equivalent. A metaphor is thus the presentation of the underlying similarity or analogy. Metaphor becomes a condensed or elliptical simile where "A is B" is saying "A is like B". This is a variant of the substitution theory.

To distinguish the two views, Black uses the example (reluctantly, as he calls it over-used) of "Richard is a lion". In the substitution view this would mean approximately "Richard is brave"; in the comparison view this would mean "Richard is like a lion (in being brave)". Black relates the comparison view to Aristotle's view of metaphor: giving a thing a name that belongs to something else i.e. a transfer, transposition or translation, but other writers distinguish these views, and I will look at this notion of transfer later in this Chapter.

Davidson(1979), who is a writer who holds that metaphor means nothing more than what is present in the literal meanings of the word, says the figurative meaning of a metaphor is the literal meaning of the corresponding simile, and that a metaphor makes us attend to some likeness. In these respects his work is closer to the comparison theory than other theories.

With "novel" metaphors an unfamiliar idea is compared with a familiar one; I discuss this use of metaphor in Chapter 3. Martin and Harre(1982) suggest this means the comparison theory of metaphor is inadequate since comparison has to depend on existing experience, but Kittay(1987), talking about simile, points out that similarities are not just there, but may be created. Hence we begin to see the idea that metaphor may produce new meaning.

Henle(1958) delves further into the notion of similarity as he suggests metaphor contains an "iconic" element. The icon is not

normally directly presented in the metaphor but is described. He distinguishes two types of similarity: quality e.g. when a coloured square on a chart represents a colour; and structural, where, for example, a map is an icon which preserves structure. Either can be used in metaphor, he suggests. For example, the relationship between sly and fox has qualitative similarity (when calling a sly man a fox). On the other hand, in his interpretation of an extract from Keats (see section on verb metaphors in Chapter 5), the idea of "gloom" is thought of as amorphous and enveloping, and can be thought of as a blanket or cloak; here cloak would be preferable to coat because gloom has no analogue for sleeves. This second form, preserving structure, parallels arguments for isomorphism.

Isomorphism and Analogy

Black(1979) refers to the view which idealises the connection between tenor and vehicle as isomorphic - a term from mathematics of preserving structure. But he regards metaphor as not just a single projective relation but a "mixed lot". One such writer on this view of isomorphism is Dedre Gentner (1982), who claims metaphors map objects in the "source domain" onto objects in the "target domain" with relations, but not attributes preserved. But Turner (1987) points out in his extensive analysis of kinship metaphors that these constantly preserve attributes like behaviour but rarely map anything like algebraic structures. I consider that a looser term than isomorphism would be one to one mapping where the strengths of the mapping between each pair of elements mapped may be very strong

or very weak, and structure need not be preserved - this would fit better with the idea of some characteristics being emphasised and others suppressed.

Nevertheless for Black (1979) his conception of metaphor postulates "interactions between two systems, grounded in analogies of structure partly created and partly discovered". To me, many metaphors are indeed grounded in analogy, in the way they are presented and used, particularly organisational models, but for other metaphors the notion of analogy is plainly not enough. These would include metaphors which Wheelwright(1962) calls "diaphor", involving the close juxtaposition of two ideas eg "the giddy brink" or "echoing light".

Comments on Comparison Theories

As likenesses or similarities between vehicle and tenor are expounded and even measured, the metaphor loses its effectiveness, says Black, thus indicating an objection to the comparison view. He gives a helpful example (1962:p.37 footnote) which indicates the inadequacy of the comparison view alone: the difference between comparing a man's face with a wolf mask by looking for points of resemblance (as in an explicit comparison) - and seeing the human face as vulpine (as in a metaphor). Here is a hint of the idea of metaphor as perspective. It seems to me that though there is more to say about metaphor than the comparison view, yet similarity helps the process of "seeing-as" by already providing some connections

between tenor and vehicle. Arguments against the comparison theory are that it is too vague (e.g. Black, 1962) or that a metaphor should not be regarded as a simile. Kittay(1987) refers to the example of "when the evening is spread out against the sky like a patient etherised upon a table"(p.18) to show however that even similes are not just comparisons, but create similarities.

Beardsley (1962) argues against what he calls the "Object Comparison Theory" because of its restriction on types of association. I discuss such types further in interaction theory. He extracts (p.294) from T.S.Eliot: "frigid purgatorial fires of which the flame is roses and the smoke is briars", and points out that comparison alone would bring incomplete explication here where some of the important "marginal meaning " of briars comes from the crown of thorns in the Christian story. Beardsley also suggests that having to identify tenor and vehicle can lead to a view of "idiosyncratic imagery" (e.g.in his opinion, introducing the idea of cloak into Henle's interpretation of the Keats extract about wrapping a soul in gloom). He refers to Wimsatt's comment on "Time is of all modes of existence, most obsequious to the imagination"(Johnson), that we need not imagine time as a butler bowing to his master the Imagination. This problem can also I think, though, be attributed to the interaction view, where tenor and vehicle may not be explicit either, although as it is the domains which are held to interact, a specific tenor and vehicle may be less prominent. His third objection is what he calls the "unfortunate doctrine of

inappropriateness": a metaphor may seem inappropriate as a comparison yet yield insight from marginal meanings.

INTERACTION THEORY

Richards(1936) is widely credited with the origin of the interaction theory of metaphor, though some writers e.g. Hawkes(1971), Kittay(1987) point out the derivation of such theories from the Romantic poets e.g.Coleridge. Richards does not discount the comparison theory; he insists rather that disparities between tenor and vehicle should be included as well as resemblances, in analysing metaphor. However he introduces the idea of interaction, in discussing the comparison theory: "interactions of tenor and vehicle are not just resemblances, also disparities"(p.127). Interaction is fundamental, says Richards, to the meaning of metaphor:

"In the simplest formulation, when we use a metaphor we have two thoughts of different things active together and supported by a single word or phrase whose meaning is the resultant of their interaction". For Richards,it is thoughts which interact. In those metaphors which do not have resemblances e.g. "giddy brink", disparities are also important. Although Richards quotes Lord Kames suggesting such examples invoke a "principle of contiguous association", he does not develop this theme (which is one of metonymical association), instead introducing the idea of tension between two remote things put together, which we (the mind) will try to connect but if they are too remote, we "soon tire of bafflement".

Surrealists, however, as I refer to in Chapter 3, still consider this leads to an expansion of reality.

Black (1962,1979) developed the interaction view of metaphor from Richard's account which he acknowledges, and gives what in my view is a substantial description but with parts of which I nonetheless take some issue as I consider metaphor as perspective, equivalent to what I would call a "weighted interaction view".

First, Black argues that metaphor "has its own distinctive capacities and achievements" (1962:p.37) not recognised by substitution or comparison theories. As Richards earlier suggested, the reader is forced to connect two ideas which interact in the metaphor. These are (retaining Richards' terminology) the ideas of the tenor and vehicle.

Black suggests using several metaphors of metaphor to explain interaction. He uses the example of "man is a wolf". By interaction he means the following. The effect of the metaphor is to evoke the wolf (the vehicle) system of associated commonplaces - or generally held implications (what is held to be true about the wolf); this is what Black later (1979) calls the "implicative complex". The implied assertions e.g. fierce, scavenger, have now to be made to fit the man (the tenor) and thus the hearer constructs a corresponding system of implications about the tenor which are not those comprised in the commonplaces normally implied by 'man'. The "new implications must be determined by the pattern of implications"

as associated by literal uses of the word "wolf". The wolf metaphor, according to Black, suppresses some details, emphasises others and thus organises our view of man.

So far, so good. But he tries metaphors for this activity of a filter and a screen about which I have doubts; I prefer his metaphor of the lens (1962:236). In his description the filter or screen would completely blot out some commonplaces of the tenor but, even in the comparison view, dissimilarities are held to be important as Richards suggested. The filter idea fits with other ideas: connotation theories as discussed by Mooij. These explain the meaning of metaphorical expressions on the basis of part only of the meanings of words in their literal use. One example is Beardsley's views (1962), which suggest at least one word in a metaphor is to be understood in terms of its marginal meanings not central meaning. But a variant allows for creativity in metaphor by suggesting new connotations can develop - so we begin to get elements of interaction theory.

Wheelwright (1962) implies there is tension, not just in the prima facie recognition of metaphor but in its interpretation. For example there is, he suggests, always some tension between "the bright centre of particularity that is singled out for attention and the dim tail-of-the-eye impression of qualities, meanings and perspectives that were left out" (p.54). Beardsley (1962), talking about an interaction view that he calls "Verbal Opposition Theory",

suggests that tensions inherent in the metaphor force a "twist of meaning".

In my opinion, we cannot say that any implications are completely lost: some may be pushed into the background and others come forward and their relationships may change - and it is thus that reorganising of the idea of 'man' takes place. Black does point out that implications are given relative weight or emphasis by the process. Rather than a simple filter or screen I think more of a combination of a set of varied spotlights together with distorting mirrors - as a way of visualising the idea of "perspective". To me also, the implications need not just be attributes - but may be ideas related by any association - metaphorical or metonymical (contiguous).For example, Vorlat(1985), in an interesting study of the naming of perfumes, shows how metonymical association provides meaning when naming a perfume "Denim".

Black admits that it is not just accepted commonplaces which are important; introducing the importance of context, which I discuss further in Chapter 5, he points out that an author may himself construct a system of implications. An extensive example is given by Olsen (1982) in analysing the use of the prison metaphor in Little Dorrit: "the well developed descriptions of literal places of imprisonment...define a sharp and rich conception of places of imprisonment" (p.44), and this is taken forward in application to tenors of poor housing and phases of Little Dorrit's life. To this I would add the significance of personal interpretation by the reader

as well as the situational context pointed out by Kittay. And it may not just be a single reader/hearer but a certain community who will hold certain interpretations, as is apparent from different languages. For example, Newmark (1985) points out that a tiger is held to be fierce in English or German, but more sly in French thought, and Fernandez (1977) points out that the 'commonplaces' are those held in common by members of a culture.

The essential point of the interaction view is that metaphor creates new insight. For Sapir (1977), metaphor is not a simple game of substitution but "a creative game where the pregnant (Empson's word) interplay of two disparate terms provides insight that, at times although trivial, can also be profound, and revealing of important and deep cultural understandings." (p.32). In my own research I similarly want to argue that my insights from the data reveal underlying beliefs of participants, individually and in groups. This appears particularly in Chapter 11.

In my view the word 'interference' may be more appropriate than 'interaction'. Interaction conveys some idea of working together but does not suggest how. Interference conjures up the idea of waves of light or sound interfering, producing something new which may be striking - an interference pattern, perhaps a discord. In addition, there is a clear implication that tenor and vehicle affect each other, which fits with the idea of each in some way restructuring, realigning the other's domain. One problem with the word interference though is that in its technical sense it can cause

cancelling out, which in metaphor (unless one subscribes to connotation theories and Black's filter idea) I would not say happens. Rather, certain ideas stand out, are reinforced as similarities, others can appear striking because of dissimiliarity, and new ideas emerge from the pattern. From now on I go back to the familiar term 'interaction', but suggest the term interference should be considered further.

My final concern about Black's description is his proposal that the metaphor works both ways - is symmetrical to the extent that the metaphor "man is a wolf" makes the wolf seem more human than he otherwise would. There may be symmetry with some poetic metaphors which are the juxtapositions of two distinct ideas. Fernandez (1977) points out that in poetry where two topics are simultaneously entertained, metaphors are often bi-directional. But Kittay (1987) refers to Ortony's view of "radical assymetry": such a fundamental idea that it determines when metaphors and similes arise i.e. when a comparison between A and B involves an imbalance of the salience of certain features in A and B. But for my purposes looking at what happens in an organisation, and I would consider for most contexts where metaphor is used for its cognitive content, the speaker and listener are interested in what the metaphor says about only one of the ideas. For example, when a Councillor said the elderly people at Weston House would settle down like a blanket (Chapter 8), he was not making a statement about blankets but about elderly people at Weston House. Nonetheless some thinking about the idea of blankets is done and used in the process of the two ideas of the metaphor (

specifically here, simile) interacting, and the idea of blanket could be reorganised by the metaphor, especially given the fluidity of meaning of words: I want to note here Richards' view of words as the "meeting of regions of experience". But in practice both speaker and audience have a one-sided interest in the tenor, not the vehicle. So to my mind the interaction is heavily weighted towards the vehicle acting on the tenor; I prefer to use the phrase "weighted interaction view",where the two domains provide to some extent perspectives on each other as they blend but more usually a perspective of the vehicle on the tenor.

Mooij,referring to Stahlin, gives(p.74) a helpful description of an interaction view. There are two sets of associations (characteristics, relations, emotional values etc.), one with the subject being talked about, the other with the literal meaning of the metaphorical words: the two spheres blend or interact, by which the subject's conception is changed or enriched, there are new nuances and a new emotional value. Where I would take issue with this is in the use of the word 'literal' in literal meaning of the metaphorical words- because to me, metaphorical associations and other connotations (or "marginal meanings" to use Beardsley's term) should be included. For example, when Hitler talked about cleaning up Germany (see for example Oxaal(1991)): the word clean invokes connotations of removing evil and disease as well as dirt.

Interpreting Metaphor using Interaction Theory

A helpful footnote showing more clearly what may be meant by "the domains" of tenor and vehicle, by treating them as semantic domains, is given by Thompson and Thompson (1987) p.50 using Kittay and Lehrer: one is to imagine 'around' each word an organised space in which other words related to it are laid out. Paradigmatic relations exist among a set of words which are like or unlike one another...the commonest kinds are synonymy (big, large), antonymy (cold, hot), hyponymy (robin, bird), converseness (buy, sell), part-whole relations (finger, hand), and incompatibility (red, blue, green, yellow). Other structured accounts of meaning exist e.g. that of Saussure detailed in Martin and Harre (1982) for example. However, further metonymical and metaphorical associations are again not included by Thompson and Thompson as relations in the domain.

The second problem is that the distance between domains depends on the reader/hearer: Mooij (1976) cites the critic Cleanth Brooks' view that the distance between domains is a function of the reader's knowledge of Literary traditions (for Literary metaphor), the reader's world view and maybe his psychological make-up. In all this, of course, a spatial metaphor is being used. More generally, there is an assumption in the notion of semantic domain of fixity or at least stability of meaning, which accords with the old notion of words having "settled signification"in Hobbes' phrase quoted for example by Moore(1982) and runs counter to the views of other

writers e.g. Richards and the importance of context (see Chapter 5). Gill(1979) discusses Wittgenstein's concept of meaning as a function of use, and shows how the metaphors in Wittgenstein's later work of tools, handles, chess playing emphasise meaning within context which point up the kinesthetic quality of language.

Black(1979) himself says that we cannot set firm bounds to the admissible interpretations of a metaphor. Culler (1981) talks of the reader confronting the enigma of metaphor with a system of possible questions, so that interpretations are likely to call on several modes of relation. Wheelwright (1962) talking more generally about symbols, suggests their essential tension draws life from a multiplicity of associations, subtly and mostly subconsciously interrelated with which the symbol has been joined in the past. Symbols having a literary background have a consequent potentiality of allusive reference.

Paprotte and Dirven (1985) go further. They claim that since the notion of fixed meanings has lost its attractiveness, so have explanations of metaphor in terms of feature transfer etc. Metaphor is now considered an instrument of thought: a transaction between the constructive effects of context, conceptual representation and encyclopaedic knowledge. Beardsley (1962) conveys the unboundedness of metaphor interpretation by saying that what a metaphor means at a given time must depend to some extent on what other context the words have appeared in (p.301). All this, I would hold, can still be regarded as within the interaction view and that whilst meanings

may be continually shifting, yet we need to assume some stability for the purpose of working with metaphor in practice.

Synergy

Apter (1982) gives what to me is a development of the interaction theory, by proposing the idea of synergy in understanding, and appreciating metaphor. He brings together cognitive and aesthetic aspects (a duality discussed for example by Cohen (1979)and which I discuss later in this chapter) by saying metaphor is not just about thinking and communicating ideas but also about the nature of emotional experience. He describes cognitive synergy which is a matter of individual experience, as the new effect produced by the conjunction of mutually exclusive meanings, and where increased vividness is associated with enhanced arousal. Metaphors arouse through their unusual or unexpected nature: an element of surprise. He argues that mutually exclusive properties can be experienced simultaneously in relation to the same identity: A is experienced both as B and not B. Ricoeur (1979) had made a similar point of the split reference of metaphor, illustrating this by the evocative opening of Majorcan tales: "It was and it was not".

There is some feeling of release from normal logical constraints - even an escape or retreat as I discuss later: thus Apter goes against the notion of literal translation of metaphor being release of tension, as Searle(1979) or Sarbin in Allen and Scheibe(1982), for example, suggest. Words such as exciting or playful vs

anomalous or ambiguous are used, however, depending on whether the individual feels secure or threatened: one example for me when considering metaphors used in an organisation might be whether he/she feels part of the organisation.

Comment on Interaction/Synergy

Although Black's expounding of the interaction view has been described as a basic text by Martin and Harre(1982), it has not in my opinion entirely taken over the comparison view, as confusions remain. For example Black's own metaphor of a 'filter' to describe how metaphor works is an idea which is as much akin to connotation or to comparison than to interaction theory. Cooper (1986) also objects that Black has not adequately dealt with what he terms creative metaphor: or metaphors other than the standard "A is B".

My choice of characterising metaphor as "perspective" is also open to similar criticism as the filter - except I would argue that some notion of interaction through the juxtaposition and mutual involvement of the two ideas can be retained while saying that we are looking at the tenor in terms of the vehicle. Martin and Harre helpfully talk of the vehicle 'illuminating' the metaphor: thus the vehicle is acting on the tenor. This is important because we may see metaphor in at least two forms: the analogy - seeing one thing in terms of another, and the creative metaphor (or what Wheelwright calls diaphor) e.g. "the giddy brink" - but perhaps these are not mutually exclusive. Richards recognised that the tenor and vehicle

are of greater or lesser relative importance depending on the metaphor. I am looking to metaphor mainly as perspective: such as seeing an organisation as a battlefield - where we do not look to the metaphor to say anything about battlefields, but about organisation. Nonetheless I have to be prepared for additional meaning - and the way in which perhaps it is not just tenor and vehicle which interact but also context e.g.Sister saying: we are the patients' champion (Chapter 7) is revealing about patients as well as about nurses.

How does one idea being a perspective on another explain the insight provided by their interaction in a metaphor? Johnson(1980) refers to one explanation inspired by Wittgenstein's notion of "seeing-as" or perspectival seeing. The ability to see a diagram as one thing then another (as in his duck -rabbit picture) involves 'an imaginative activity subject to the will' (Johnson, p.53). He then refers to Aldrich's suggestion that aesthetic perception can be understood as perspectival seeing; the poet uses language which produces images to reveal previously unnoticed aspects. Hester, also referred to by Johnson, distinguished visual and metaphorical seeing; the former employs images related to visual objects, the latter involves imagery associated with the meaning of language. Nonetheless, I suggest that the concreteness of some metaphorical terms aids their visual image making, vividness and memorability. Johnson points out that the imaginative leap of metaphor is in seeing how two things share common ground or belong together in a fundamental way "giving a click of comprehension or flash of insight induced by good

metaphors" (Johnson p.54). As Johnson admits though, such explanations are only partially developed.

So what do I think are the essential differences between the comparison and interaction theories? To me, the comparison view is about similarities and dissimilarities only. But the teasing out of these leads to new insights. The interaction view takes into account any kind of association possible between the domains of tenor and vehicle - which have many possibilities and construals, interacting also with situational and discursive context and dependent on reader/hearer or on the social group in which the metaphor is shared: hence metaphor cannot be paraphrased; we can only provide a commentary as its interpretation. As a 'weighted interaction' or as a perspective the domains interact as the vehicle is projected onto the tenor. What the tenor is, in turn affects how the vehicle projects onto the tenor eg if a nurse is seen as a champion, there is a surprise value in the projection of strength present because of a nurse being thought of usually (but not always) as a young girl. And she may be seen as a protector more than as a fighter, because this is a connotation of a nurse. But the common metaphorical association of nurse as angel also gives a striking effect given that angels are a long way from using weapons, which champions would do. Thus the idea of a champion as a fighter is further thrown into relief,and demands attention.

METAPHORS OF METAPHOR: THE METAPHORICAL 'PLOT'

I want to include here some ideas from what seem to me to be one of the most interesting views of metaphor which are expressed in terms of other vivid metaphors. Black (1962) says he has no quarrel with the use of such metaphors, but not singly "lest we are misled by the adventitious charms of our favourites" p.39. So he approves of the use of multiple metaphors to explain metaphor. Earlier I referred to his views of metaphor as a filter or a lens, but I now want to present some more developed ideas on metaphors of metaphor.

Parker (1982) gives views of metaphor, drawn mainly from the world of literary criticism. She suggests metaphor can be viewed as 'plot' in many ways: transference, transport, transgression, alienation, impropriety and identity. This very multiplicity, she argues, suggests why metaphor is used not just as a figure of speech but a structuring principle.

Metaphor as an Escape, Retreat or Space

Parker uses a figure of 'transport' to describe metaphor, metaphor as exile or distance, the old conception of 'wandering' of metaphor, and since then 'deviance', with the desire to regain purity. We treat metaphor as an escape, a retreat and Wallace Steven's poem The Motive for Metaphor (see Appendix A) shows how seductive this is, as

we deliberately avoid the fixed world of 'things as they really are'.

But Parker says Ricoeur has associated the notion of metaphor as the creation of a space with the shift from the "substitution" to the "interaction" view. The reader enters into the plot which Ricoeur calls a suspension or epoche of ordinary descriptive reference. Parker moves on to describe this as a creative bower, a retreat from the world of ordinary reference. But it is only a temporary space, as reference is re-created. The 'space' of tropes should not become an end in itself according to Owen Barfield; the plot must not prevent a return to meaning, in Parker's terms.

Metaphor as Translation

Related to the substitution theory of metaphor, Parker first considers metaphor as alien, of substitution which is also a displacement, of metaphor as usurper, even as uncanny. It includes the traditional notion of deviance. It dwells in a borrowed home as trespasser, as boundary-crosser. In the face of this Parker cites Paul de Man's recording of the difficulty of maintaining the boundary between 'figural' and 'proper', a difficulty in identifying metaphor which I highlighted earlier. Parker illustrates these ideas by showing how the novel Wuthering Heights can help to display metaphor's 'outrage to place, property and propriety' eg by the crossing of character names and chronology. For example, Catherine and Heathcliff are apprehended as trespassers on the more civilised

Linton residence at Thrushcross Grange, Heathcliff himself is alien, brought into the Earnshaw home and given the name of a dead son.We have Heathcliff's gruesome plan to have his coffin and Catherine's opened to one another, making Catherine's defiant "I am Heathcliff" a macabre fact, and the names Lockwood finds etched on his window ledge :Catherine Earnshaw, Catherine Heathcliff, Catherine Linton, provide, says Parker, an ideogram for the plot - charting the first Catherine's story and in reverse that of her daughter Cathy.

Such views recall one of the classical views of metaphor as 'translation': Aristotle described metaphor as a transfer of name. As Hawkes (1972) points out, the origin of 'metaphor' is carry over, or to carry across. Davidson (1979), distinguishes literal and metaphorical comparisons by pointing out that the latter cross categorical boundaries: in Kittay's(1987) terms they "cross the bounds of our usual categories and concepts" (p.19) and are "the linguistic realisation of a leap of thought from one domain to another" (p.91).

Purcell (1990) returns to thirteenth century ideas of assumptio and transsumptio in tropes, where assumptio is the creation or adaptation of a word based on resemblance (analogic resemblance), but transsumptio is the transferral of a word from its literal signification to another by means of an unstated resemblance. Purcell points out that this latter idea involves a process of bringing deep structures to the surface as demonstrated by Schon's (1979) problem-solving example of improving the design of a

paintbrush by seeing it as a pump, for instance (see Chapter 3). Transsumptio lends another aspect to the view of metaphor as transfer, here as a transfer of meaning of the metaphorical term - the vehicle - because of the tenor.

Verbrugge (1980) lends yet another slant in his "transformation" view of metaphor, by which a metaphor invites us to transform the tenor into the vehicle. The transformation is partial, directional (asymmetric), imaginal, psychological and fanciful in the sense of unconventional.

Metaphor as translation is close to the view of metaphor as displacement, which is generalised in deconstructive literary criticism: for example, Turner (1987), Norris (1982). In this view, linguistic meaning is inherently unanchored, all meaning is displacement of term by term, the signified already functions as a signifier. My own suggestion that tenors in metaphors are as much metaphorical as vehicle - that we have, constantly, metaphors of metaphor - fits with this view (see Chapter 4 on the universality of metaphor and what I call layering in Chapter 10). But as Norris (1982) says, "deconstruction is an activity of thought which cannot be consistently acted upon - that way madness lies" (p.xii). Similarly I believe we have to take a transient narrowed view of assuming tenors are literal, fixed, in order to make analysis possible, just as earlier I said we have to assume stability of meaning. In practice we anchor meaning all the time to make sense of our worlds, and this need is one vital reason for metaphor. As

Turner puts it: meaning is anchored and constrained in various ways by our models of ourselves and our worlds.

Ricoeur (1979) also speaks of metaphor as a displacement, of a transfer in a kind of space. But to him, the transfer of meaning provided through metaphor is the shift in logical distance from far to near. A further idea of transfer is presented in Markova and Wilkie's (1987) discussion of AIDS in terms of its social representation; they quote (p.394) Moscovini that the act of representation is a means of transferring what disturbs us .. from far off to nearby. By this means the process of transfer serves to reassure.

This idea of translation or transfer seems to me a helpful way of retaining a "perspective" concept of metaphor which I advocated earlier but also emphasising the active working of one term on another which is asymmetrical, or what I earlier called "weighted interaction". It is close to the idea I cited earlier from, for example, Tourangeau(1982) of projection - as if we are projecting from one domain to another and this transfers ideas and gives them perspective. It is a concept I pick up in Chapter 10 when I discuss multiple metaphors.

COMMENT ON THEORIES OF METAPHOR

I have presented these theories as separate distinct viewpoints as have other writers. Thus we have the substitution, comparison and

interaction (including synergy) views. As metaphors of metaphor we have metaphor as retreat and metaphor as translation. Black himself suggests metaphors should be classified according to the theory best suited to them viz. as instances of substitution, comparison or interaction. However, Mooij (1976) for one, takes the view that comparison theories should not be regarded as trivial or easy, and that the interaction view is not incompatible with the view of metaphor as an implicit comparison, since explicit comparisons also exhibit interaction, filtering and projection. Johnson (1980) refers to a view put forward earlier by Haynes which identifies both a comparative and an interactive level in the comprehension of metaphor, and he develops it into two aspects: the canonical (comparative) aspect which employs a systematic procedure for spelling out similarities and a noncanonical (interactive) aspect not governed by rules, but where one experiences insight that two systems of implications fundamentally belong together and structures of categories and concepts are altered. This is important for me as both the comparison and interaction theories underlie my use of the concepts "collude and collide" in Chapter 10. The ideas of metaphor as perspective, as a transfer or translation as well as those of interaction are about what happens to metaphorical terms; ways of describing the movement and relation between them. I come back to these notions in Chapter 10, but in the context of multiple metaphors.

AESTHETIC ASPECTS OF METAPHOR

I have concentrated mainly above on theories which emphasise the cognitive value of metaphor, which was laid out explicitly by Black(1979): "metaphor really does say something, not just a mysterious aesthetic effect"(p.41). However, these aesthetic effects, brought out in Parker's theories on metaphor and Apter's ideas on synergy are important, and I will argue are relevant for the use of metaphors in and of organisations.

Cooper(1986) distinguished aesthetic and cognitive accounts of metaphor's role. Cognition and Aesthetics are two important ideas opposed in two different ways: first we can consider cognition as the thinking involved in understanding a metaphor, and aesthetics as the feelings aroused in doing so. It is in this sense that the following discussion proceeds. But, in another way, we can view cognition as the aspect of metaphor which tells us something about what is outside the immediate phrase - its referring function, whereas aesthetics affirms the coherence, unity and self-sufficiency of metaphor as an artistic form. Indurkhya (1991) also points to the view of cognition as a process of interaction between the cognitive agent and the environment, again reinforcing its external function. The two senses would come together if we talked about, for example, the inherent elegance of poetic metaphor or the interpretive process leading to further knowledge of the tenor.

Ricoeur (1979) emphasised the importance of both imagination and feeling in metaphor as well as cognition. His theories provide useful background into why we use metaphor in everyday language. First, he sees imagination as the "seeing" in "seeing as", in insight into likeness in spite of, and through, what is different. Next, imagination gives an account of the levels of difference between tenor and vehicle; we are led to think of something by considering something like it; here Ricoeur refers to Henle's views on iconic aspects of metaphor, and its pictorial dimension, which in practice I have found vital in interpreting metaphor, especially with widespread use of spatial metaphors to understand difficult ideas; every diagram implies the use of a spatial metaphor.

To imagine, says Ricoeur, is "to display relations in a depicting mode" (p.148); these relations may be unsaid similarities or refer to "qualities, structures, localisations, situations, attitudes or feelings". Ricoeur argues that such theory can do justice to Wittgenstein's notion of "seeing-as".

Thirdly, imagination brings about suspension, as we seen in discussing metaphor as space. Out of the space comes a radical new way of looking at things. Ricoeur refers to Goodman's view that symbolic systems reorganise the world - making and remaking reality, and here the theory of metaphor tends to merge with the theory of models. He suggests that imagination is this space or epoche and that to imagine is to address oneself to what is not.

Ricoeur holds that both imagination and feeling are important in understanding metaphor. Genuine feelings, he suggests, are not only emotions, but may be the feeling of instantaneous grasping of a new congruence. I would add here feelings of satisfaction by understanding order or achieving clarity - as reasons for using metaphor ie to make sense of what appears to be the chaos around us (what the philosopher A.N. Whitehead saw as "merely the hurrying of material, endlessly, meaninglessly", referred to by Hawkes (1972) p.58.).

We use metaphor in part for its aesthetic effect. It gives us not only the satisfaction of making sense but of dealing with familiar ideas: the pleasure of recognition and owning. I would call this the 'primitive' nature of metaphor, but I do not mean quite the primacy of metaphor discussed in Chapter 4, but rather the tendency to use ideas, which come from earlier personal development, as the vehicle. Often but not always these are concrete ideas which can be pictured eg the cart as in "carted off to hospital"(see Chapter 9). The same eagerness to receive familiar ideas in dealing with each new situation is seen in children's tales often constructed in the form of repetitive problems slightly varied each time, so the new problem is both recognised and yet leads onto new thinking. Metaphor seems to work in the same way, with the reception of a primitive (earlier in terms of personal development) idea making the hearer receptive, and the metaphor also memorable, which is an important effect. By this view it is not just the foreign - the 'far-fetched' - nature of the clash between tenor and vehicle that makes the metaphor striking

and holds our attention, but also its element of familiarity and hence security. Compare, for contrast, a rare instance in my data of a vehicle with restricted familiarity: Dr Hill saying "Treatment could be downloaded to a GP", and how a hearer unfamiliar with computer jargon might have difficulty in receiving that metaphor.

The reverberations or resonance set up by metaphor (Kittay, 1985) also form a pleasing feature as I discuss for example in Chapter 8 the simile in my data of "the elderly people would settle down like a blanket" . There is also a satisfaction in the understanding of metaphor, like the appreciation of a joke. The relation of humour to metaphor has been outlined by, for example Mio and Graesser (1991). A similar idea would be the appreciation of a mathematical proof as "elegant". But that elegance is usually derived from the coherent closure of the argument, whereas in metaphor the understanding of connections and relations is coupled with the sensation of mystery in future prospects of discovery, as metaphor is never fully paraphrased.This is what Boyd (1979) calls the "openendedness" of metaphors. Harries (1979) discussing theories of the self sufficiency of art, refers to images set up by metaphors gesturing towards a hidden meaning. To Harries, "metaphors speak of what remains absent" (p.82). As Miall (1982) suggests, metaphor may involve the hearer in seeking for connections between words of a metaphor beyond those associations normally present in the language; we may need to discover or create them.

As I have attempted to expound on a characterisation of aesthetic or cognitive aspects of metaphor, the particular view of the speaker and hearer may be important (as also the total context - see Chapter 5). One person may view a metaphor as strongly cognitive, another person view it as strongly aesthetic, perhaps linked to familiarity and/or interest (these are not always aligned) in the tenor and vehicle domains.

Whilst I think the aesthetic/cognitive distinction is helpful in order to look at uses and qualities of metaphor, I do not think it helpful to imply an essential distinction between poetic and scientific metaphors, although poetic metaphors may be strongly aesthetic and scientific metaphors strongly cognitive. But these are differences in degree.

For example, Miall (1987) claims several scientists have commented on the aesthetic character of a new theory "as if this were a hallmark of its distinctive quality eg Einstein praised Bohr's electron theory as 'the highest form of musicality in the sphere of thought'" (Miall p.85). In contrast, in a discussion of metaphor comprehension, Kelly and Keil (1987) point out: "poets often create whole systems of metaphor that depict an isomorphism between aspects of their topic and corresponding aspects of a different domain" (p.35) - a characteristic normally ascribed to scientific metaphor. If, as this suggests, scientific and poetic metaphor are not essentially different types - they just emphasise different aspects and uses - it means that what I have to say about metaphors in

organisation should also be able to draw on understanding of both poetic and scientific metaphor, and this has been my approach.

SUMMARY

In this Chapter I have discussed and commented on what metaphor is and the main theories of metaphor, in particular comparison and interaction theories, as a foundation to examining the use of metaphor in my research data.

CHAPTER 3

USES OF METAPHOR

INTRODUCTION

I concentrate in this Chapter on uses of metaphor, not just in organisations, and discuss qualities of metaphor which may assist these uses. To do this I draw on some of the ideas of the previous Chapter : both the cognitive and aesthetic aspects of metaphor.

WHY PEOPLE USE METAPHOR

When considering why people use metaphors, I was also considering whether people in organisations use metaphors in ways essentially different from other contexts. But there seems to be no reason why this should be so. Crider and Cirillo (1991) refer to Black and Fernandez who consider different contexts for metaphor (scientific and social); both take the view that people have the same goal in using metaphor, i.e. changing an audience's view of a topic. Elsewhere in the same article they refer to the critic Burke's view of the function of literary metaphors to change perspective on life. In all these realms, scientific, social and poetic, the fundamental use of metaphor appears the same, though there are many disparate uses within this view. Mooij (1976) pointing out that "Literature shows a wealth of metaphors", which may have special functions, suggests this is not to say metaphors in Literature belong to a

special type. In particular I think it is relevant to include a variety of uses of metaphor here, not just those described as uses of metaphor in organisations. This will then provide a framework for considering what uses of metaphor are made in the District Health Authority, from my data, as well as how metaphor can be used in the form of an organisational model.

I have distinguished seven uses of metaphor: for vivid and concise communication; to explain and predict through a new perspective; to seek intimacy; for flexibility in communication; for problem solving and action; for private use; or to influence,transform or reinforce an ideology. Whilst one particular use may be intended, there may be additional results, e.g. a metaphor used to explain may also serve to modify a belief or reassure an individual speaker or hearer. So on any one occasion more than one of these uses may be made at once, an illustration of the versatility of metaphor. I give some examples of these uses from my own data in the Case Study chapters. But first I want to explain more about these uses.

For Vivid, Concise Communication

Metaphors used in vivid, concise communication often have similar qualities to metaphors used in Literature. Here there is particular emphasis on aesthetic aspects of metaphor. The stimulative, evocative power of metaphor enhances the impact of speech on the hearer, increasing its persuasive force. The freshness, concreteness, imageability of metaphor are prevalent in Literature

and have been studied for example by Turner (1987) and Thompson and Thompson (1985). Such vividness means metaphor is more memorable than non-metaphors, as Harris, Lahey and Marsalek (1980) point out. Feelings of pleasure, surprise and shock and perhaps satisfaction result as the metaphor is understood. Here we see a similar process to "getting" a joke, as noted by Mio and Graesser (1991). Aristotle compared metaphor to a riddle; thus, understanding metaphor could be seen as similar to the satisfaction of solving a riddle. Gordon (1990), in a discussion of Aristotle's view of metaphor, suggests "what metaphor shares with jokes, paradoxes, parables and other forms of wit is a physiological release of pleasure which accompanies any sudden recognition" (p.88).

Crider and Cirillo relate this function of metaphor to the comparison theory by which similarities between terms are emphasised. But, to me, this use of metaphor employs more of the characteristics of metaphor than similarity. It achieves a primary function through its vividness and incongruity: that of getting the hearer to attend to the speaker - an essential part of persuasion which underlies many of the uses of metaphor.

A clear example in the literature of a metaphor providing vivid, concise communication, in order to win a debate, is Wayne Booth's (1979) "catfish" metaphor which he uses to discuss qualities of a good metaphor, and which I describe further under that heading. Vorlat (1985) has studied the use of metaphoric descriptions in naming perfumes in order to communicate attractive appealing

messages in an efficient way. It may be helpful to think of our use of metaphor in social interaction as undertaking a similar function; there is a striking, evoking and concise expression of a view, although we should note that the metaphor may be used to denigrate a tenor rather than to extol it. In the process we are advertising ourselves; this is what Booth (1979) calls the "ethos" of the speaker. And we are saying something about where we stand in relation to the tenor. Newmark (1985) distinguishes from vivid, concise and comprehensive communication a second purpose: to entertain, amuse, or draw attention to a difficult subject, but for me this is all the same function in an organisational context. Entertainment makes one receptive to the speaker's views. The message is made attractive, sharp and thorough in a single phrase, hard to resist, and liable to be remembered by others. Newmark points out that not only the visual nature of metaphor but also describes it as "language's path to the other senses", evoking hearing (bells, birds, water), touch (skin, fur, glass), smell (flowers, decayed matter).

But in this function we do have a glimpse of the Classical view of metaphor as decoration in order to enhance rhetoric, to persuade. Fernandez (1977) refers to Aristotle's view of how to use figures: "to adorn, borrow metaphor from things superior; to disparage, borrow from things inferior". In its conciseness, a metaphor embodies all the interpretations for which, as Henle(1958) and Black(1962) maintain, a single literal paraphrase is inadequate, but on which an extensive commentary may be made. Such a metaphor then

may reverberate in one's mind and trigger other colluding thoughts later, in a meeting for instance, all of which help to reinforce the original metaphor. We see the kind of impact which can result, by looking at negative metaphors, and I illustrate this later in Chapter 10 from my data.

To Explain and Predict through a new Perspective

The explanatory function of metaphor is to help understand, usually the unfamiliar through the familiar. Morgan(1986) refers to using metaphor to "unravel the complexities of organisational life"(p.342). Here, what is happening is a transfer of perspective, with the emphasis on cognition. Black emphasised this use of metaphor, to understand, and related models to metaphors closely. Indurkhya (1991) distinguishes three "modes" of metaphor of this type: syntactic metaphor, suggestive metaphor and projective metaphor. Syntactic metaphor occurs when the target domain or tenor is familiar. I want to note that the significance of "familiar" here is that the tenor is already understood in some generally accepted terms. Indurkhya cites Gentner's (1982) example of hydraulic systems as source, of electrical circuits as target, and a correspondence formed between the two domains. So what does such metaphor achieve? Indurkhya suggests that it provides a mechanism whereby attention can be focused on a part of the target environment: by downplaying and highlighting. Its value then is providing a different view on an already familiar idea. Birnbaum (1990) agrees that such uses of metaphor to highlight involve

analogy - like notions of mapping from one domain to another. This use ties in most appropriately with connotation theories of metaphor, which I outlined briefly in Chapter 2. We may have many theories about organisation already, but by applying a particular one e.g. organisations as psychic prisons (Morgan, 1986), certain features stand out e.g. the disaffection of staff may be explained in terms of the model.

Suggestive metaphor in contrast is, according to Indurkhya, a mode where the target domain or tenor is not very familiar. Some structure is maintained from source to target, though this may lead to what Indurkhya calls "illusory plausibility" (p.18). Material models perform a similar function in science, as Hesse (1980) describes, leading to the creation of new hypotheses. Hoffman (1985) and Gentner (1982) also describe this function, as Klein (1987) points out in a discussion of analogical reasoning. With the idea of analogy we also have applicability of the comparison theory of metaphor. This is where I would put a prime use of models of organisation or perhaps models "for" organisation, to emphasise not only their explanatory but also constructive power. As I will show with the logger model in Chapter 6, explanations and predictions result from seeing what goes on in the organisation in terms of the model.

Metaphor may be used when the tenor has not even been expressed through language: i.e to "extend the lexicon". Crider and Cirillo (1991) refer to Ortony's example that metaphorical descriptions of

thoughts such as "the thought slipped my mind" enable us to say what would otherwise be inexplicable in our language. Gerrig and Gibbs (1988) discuss how new concepts are expressed in intended meanings by metaphor, and citing Hoffman, how speakers use metaphors to individuate the range of experiences from love to rage to euphoria. For me all this also falls under the heading of gaining some explanation of the unknown through metaphor.

Indurkhya's third example, of projective metaphor, describes the use of metaphor to give a totally new and unusual perspective on the already familiar target or tenor, sufficient to change the understanding of that tenor, reorganising the way of thinking about it. Indurkhya gives as example Kuhn's (1970) description of revolutions in scientific thinking e.g. the replacement of Newtonian mechanics with Einstein's theory of relativity. This agrees with my own view of creativity being made through unaccustomed connections. King (1991), having looked at relationships between metaphors and physical models, suggests metaphors generate power, often experienced in terms of a new mastery of some segment of "reality". From all this comes a requirement that for such a use of metaphor the vehicle domain will be different from the tenor domain.

Ricoeur (1979) refers to Goodman's view that all symbolic systems 'make' and 'remake' reality, and how, as Black also saw, the theory of metaphor tends to merge with the theory of models - a metaphor being seen as a model for changing our way of looking at things, a new way of perceiving the world.

To Seek Intimacy

In a striking and frequently-quoted article, Ted Cohen (1979) describes the use of metaphor to cultivate intimacy between speaker and hearer. According to Cohen, the speaker issues a kind of concealed invitation, the hearer expends effort to accept it, and the transaction constitutes acknowledgement of a community. The hearer has to penetrate the remark, to explore the speaker himself in order to grasp the import. He suggests that the figurative use (these particular uses) of language may only be available to a limited community, just as jokes may be. Parker (1982) puts the intimacy idea vividly as we have seen: that metaphor can create a space of its own - a retreat or plot to which the reader is invited. To me it is as if someone is saying: come into my world and see what is outside, the way I see it. But intimacy may not be friendly, Cohen claims; the device may be a hostile metaphor with intimacy enhancing its lethality. Das (1988), referring to Morris, reports another disadvantage (to the hearer) of the creation of intimacy: sharing a language with another person provides a "subtle and powerful way to control the other's behaviour". (p.257).

If we consider the speaker's viewpoint, I would go further than Cohen. To me, it requires boldness to use metaphors, which is a risky business. It is particularly risky in the case of negative metaphors (see Chapter 10), but risky anyway given the need for the hearer to participate cognitively in interpretation and the various interpretations which can result. Using metaphor may be seen as

frivolous in a serious context, given its close relationship to humour. It may also evoke images and feelings with which hearers may be uncomfortable and resist. It may be thought of as inappropriate language, given what I argue as the primitive nature of many successful metaphors. Briefly, an approach for intimacy is risky because it may be rejected.

Gerrig and Gibbs (1988) argue, following Wittgenstein, that many innovations arise because speakers engage in different kinds of language games each fulfilling their own communication purpose. Many figurative uses of language, they argue, are only accessible to speakers and listeners who share specific information about each others' knowledge, beliefs and attitudes. In the terms of Chapter 2, there is shared understanding of the domains of terms of the metaphor and their connotations. But this shared understanding may be limited to a few. Therefore, intimacy may exclude, and so this use of metaphor can itself reinforce one metaphor I look at in Chapter 11, that of Inside-Outside. Howe (1988) points out, for example, that the use of metaphors in American politics which draw on male experience may help to exclude women from politics. I have felt a similar exclusion when senior managers have described what is going on in terms of a football game. It is not so much that I cannot understand the points made, but that I do not feel I can 'buy into' the metaphor myself as my using it would be seen as inappropriate and unnatural. This notion of " buying in" is referred to by Gresson (1987) (who cites Platt as source); "metaphors are dialectical, bounced back and forth among meaning contexts and

"bought into by different people according to a variety of heterogeneous motives and interests"(p.172). So, at the same time as group identity and intimacy is being advanced through sharing a metaphor, a variety of private interests may be met.

A group may share a metaphor to make sense of the world and share the position of members in the group, intimacy and group identity being reinforced by continued use of the metaphor. Srivastva and Barrett(1988) discuss how metaphor facilitates contact between group members and so supports growth and development of a group. In Smith and Simmons'(1983) account of metaphors in field research, in the setting of a new medical/residential centre for handicapped people, the Rumplestiltskin fairy tale was used as an analogy to account for a ploblematic, pressured situation. Frustrations against the Medical Director were continually dealt with by someone mentioning the word Rumplestiltskin, which served as a tension release. In organisations in particular, Pondy(1983) points out that metaphors infuse meaning and resolve apparent contradictions, they help to "couple the organisation", as well as organising the facts of the situation in the minds of participants.

For Flexibility in Communication

Crider and Cirillo (1991) point to the value of metaphor in simultaneously representing or "mediating between" multiple interests(p.184). It is, in part, the ambiguity inherent in metaphor which enables this.Fernandez(1977) suggested metaphors "are slippery

and appear to be something of a swindle"(p.102); Meyer(1984) notes its quality as a "lubricant", to help mesh organisational subcultures. Because,as Black noted, any one metaphor can be interpreted in different ways, it gives flexibility in an interaction, allowing natural movement of a discussion in several directions, or the speaker to draw back from what has been inferred.

Metaphor is also a disguise or mask, as Szasz(1975) suggests. This enables it to be used to avoid unacceptable reference or cover taboo ideas, by what I call layering as I discuss in Chapter 10. Newmark (1985) notes that euphemisms, used to protect speakers and listeners from taboos, are inevitably metaphors.

Das(1988) notes one of the functions of symbolic language in organisations as generating an appropriate degree of abstraction or detachment - and this is conveyed through metaphor by its ambiguity and incongruity - by its reference to another domain. Turbayne(1970) points out that the use of metaphor involves a pretence that something is the case when it is not; that pretence is involved is only sometimes disclosed by the speaker.

Metaphor thus enables a speaker to convey concepts which are potentially impolite, embarrassing or taboo, as Gerrig and Gibbs(1988) suggest . It can convey a message other than would be implied by the words in another context, and this ability arises from its inherent ambiguity. In some contexts the message may be clear though; Gerrig and Gibbs give examples of ritual insults

leading to elevation of social status, and also refer to the playfulness of metaphor in this way. An example I can give from medical settings is the designation of a relative as "worried". How far they are worried or not may be less significant than use of that particular word being a signal to call for direct action by the GP. Another example is the pressure cooker metaphor used by Mr Rutt in the outpatient case study - see Chapter 7.

For Problem Solving and Action

Metaphor is here used as a framework to guide a way of thinking about a situation, and achieve what Crocker (1977) calls "a prescription for action - or 'what shall we do about this?'". Fernandez(1977) also describes its use as a plan for behaviour and Das (1988) considers how metaphor can rationalise and legitimise actions. Klein (1987) looks at applications of analogical reasoning and describes the use of analogy in decision-making referring to "Comparability analysis" used in the US Air Force.

Schon (1979) uses the notion of "generative metaphor" as an interpretive tool for the critical analysis of social policy. "Generative metaphor is a carrying over of frames or perspectives from one domain of experience to another" (p.256). His example of the "paintbrush as pump" is often quoted: technologists were unable to improve performance of a new synthetic paintbrush until this metaphor was applied. He points out that there was an unarticulated perception of similarity first: only later were they able to form an

analogy between paintbrushes and pumps. The framing of problems, he argues, often depends upon metaphors underlying the stories which generate problem setting and set the direction of problem solving, He shows how participants in a debate bring different and conflicting frames, generated by different and conflicting metaphors. This is a theme I take up in Chapter 8, in the Weston House debate.

I have described this function of metaphor in terms of problem solving or a prescription for action in a group setting. But metaphor can also be used privately to structure problems and suggest action, for example in a therapeutic setting. I go on now to look at some private uses of metaphor.

For Private Use

Viney (1989) develops the notion of private metaphor by reference to patients' attitudes to illness, suggesting that patients respond not to their 'actual' illness or injuries but to their image of them which they themselves create and can therefore change. Referring to Candfield and Epting, she suggests we construct images, create order which is meaningful and relevant to our need to understand, which fits my view that it is through metaphor that people make sense of their world, or worlds. Bamberg (1990) reviews Norton's analysis of "Life Metaphors", which, he says, shows how we actually use metaphors to help us cope with real life. He points out that Norton's method of grounding the metaphoric conceptualisations

within the larger narrative enables her to say that people base their actions on these models.

Linn (1991) also shows a powerful link between metaphors and individual action, in a discussion of moral dilemmas of Israeli soldiers: she suggests that fighting and refusing soldiers always make their decisions within a living metaphorical system and symbols from the Holocaust. In wartime, home is not just a physical location but a metaphor for which the soldier is ready to die.

In a contrasting context, McMullen (1989) describes the use of figurative language in psychotherapy. She cites features of clients' figurative language that were consistently successful rather than unsuccessful cases. She found evidence that the elaboration of major therapy themes via bursts of figurative language or development of a metaphor over time, the existence of well-formed central metaphors and the expression of some positive personal change in figurative language seemed to mark the successful cases. She suggests that clients with successful outcomes had a greater readiness to explore those aspects of themselves that were difficult to describe, and to describe these in terms of external phenomena. So private metaphors can be of great value.

Private metaphors can also, however, be used in ways considered as hindering therapy. Linden (1979) describes six metaphors of psychiatric hospitalisation including for example patients seeing

the hospital as a school or a holiday camp and discuss how these may be disadvantageous to therapy.

A further use of metaphor is suggested by Fernandez (1977) as "compensatory representation". Fernandez introduces the idea in the context of group use: a tribe using the metaphor of a "trading team" to compensate for lack of solidarity in their village. But I see this as much for private use to counteract threatening constructions of reality.

Private use of metaphor is made in an organisation as elsewhere: Morgan(1986) comments that members of an organisation often have their own metaphors for understanding or expressing what they are doing or what the organisation is like(p.329). In Chapter 10 I comment on some of my own and others' private uses of metaphor eg my seeing doctors as schoolboys.

To Persuade: to Influence Ideology

Newmark (1985), talking about the task of translating metaphor, suggests that a translator has to be sensitive to the thinking behind expressions fostered by the media such as "Arbeit macht frei"(work makes you free), and how far to alert readership to the use of euphemism which may be humane (e.g. medicine) or bland (e.g. social evils and war) but which impacts on ideology and alerts a sense of social responsibility. Thus we see also the task of 'uncovering' metaphors used for ideological purposes. They may be a

potential snare for misunderstanding as I discuss in Chapter 4. "Unmasking" metaphor by interpreting it through commentary to make explicit its connotations - which may be sinister - may be as important as creating metaphor but this is not easy. It may be done by extending the metaphor to show how inappropriate its entailments may be. Cooper(1986) also points to ideological dangers in metaphor, and refers to Barthes view of "the pernicious mythologies of our age" (Cooper p.175). Lakoff and Johnson (1980) suggest metaphor in a political or economic system can lead to human degradation. MacCormac(1985) suggests a need for theory ethics. However, Bosman (1987) and Bosman and Hagendoorn(1991) suggest that there has been little research about the attitude-changing or persuasive effects of metaphors.

For Bosman (1987), metaphors back up the arguments developed to persuade, by the vehicle affecting the conceptual representation of the tenor. For Miller and Fredericks (1990), who use the example of American Education in crisis, metaphors are coded messages that are used to justify an implicit ideological stance. The story they discuss portrays the "dismal" state of education based, they argue, on a set of metaphors that reveal a conservative view of society. They see metaphors used by individuals to express beliefs as a kind of "linguistic proxy" for their core beliefs. They examine the question of a causal imputation between metaphors and ideology. They refer to Lakoff and Johnson (1980), who described metaphors as fundamental category systems, developed by an interaction of psychological predispositions and cultural influences which

interpret reality for a given community, but Miller and Fredericks consider they provided inadequate empirical justification. They conclude that "the presumed link between metaphors and ideology is viewed, minimally, as a logically consistent and plausible one" (p.72).

Gresson (1987) discussed the use of metaphor in national politics, for "nation-building" projects, and related these to metaphors used to enhance groups. One example he cites is the "rainbow" metaphor which aligned Blacks with other groups in the US and comes to represent possible fulfilment (the pot of gold), although this metaphor came under opposition in the Press, designed to "control the threat of an uncontrolled identity shift among the population" (p.173). Such a metaphor clearly also reinforces group identity and is useful privately.

In organisations, metaphors are important tools used for power and control, as Czarniawska-Joerges and Joerges (1990) discuss particularly in relation to management consultancy. What they call "linguistic artifacts" (labels and platitudes as well as metaphors) all enable leadership to "manage meaning by interpreting, colouring and familiarising" (p.348). Managers, they assert, reduce uncertainty for themselves and others by saying what is there, what it is like and what is normal. We have, by these means, they suggest, abdication of meaning, imposition of meaning and negotiation of meaning between actors. I would add to this: conservation of meaning, as actors appear to work within their own

separate metaphors with enough ambiguity to continue cooperative action as we see with different metaphors of patient care in Chapter 11. Das (1988), too, reports on symbols including metaphors having been found to play specific roles in maintaining, communicating and modifying organisational culture.

As an illustration of how powerful the use of metaphor can be, I take briefly the vivid example of Hitler's growth in popularity amongst the German people; his rise to power and the question how could a civilised religious nation choose such a leader has been the subject of much analysis. Kershaw (1987) has described the development of what he calls the "Hitler myth", with prevalent metaphors such as "The Fuhrer, the Prophet, the Fighter, the shining symbol of the German will to freedom" - in Goebbel's rhetoric, and other metaphors of Hitler as the indestructable life force of the German nation, the master builder, the fighter for and creator of German unity, Hitler as priest (Goebbels), as "supreme judge of the German people". Kershaw also uncovers some of the metaphors about Jews: as profiteers, racketeers, parasites and Hitler's statement of "Juda as the world plague". Kershaw concludes that the "Hitler myth can be seen as providing the cental motor for integration, mobilisation and legitimation within the Nazi system of rule" (p.257).

This dramatic example shows just how powerful metaphor used to create a shared ideology can be. It is an opinion formulator. An example in my own data shows the power of the workhouse metaphor to

drive major decisions on geriatric services (Chapter 9). This is however a metaphor which has been around longterm, originally a literal description. An example of a new metaphor being imposed could be the emphasis on Management by Objectives (entering the NHS during the 1980s), or most recently imposition of the market metaphor by Government. Management by Objectives has pervaded managers' thinking though not as we see from my outpatient data (Chapter 7) that of clinicians, but I can only speculate at the moment on how ingrained the market metaphor may become: I discuss this further in Chapter 12.

QUALITIES OF METAPHOR

Whilst I resist the notion that independent criteria of metaphors exist so that one can judge a metaphor to be better than another, I nonetheless acknowledge that people buy into certain metaphors according to preferences. But preferences based on what? In Chapter 5 I stress the importance of context in understanding metaphor - context which includes a speaker's background, views and situation. These form some of the reasons why some metaphors are to be preferred. But given widespread sharing of many connotations of metaphors, there may be agreement on certain qualities we can ascribe to metaphors, according to their use, whereby some metaphors may in context be, as I put it, "appreciated" more than others. Even this notion has some problems e.g. there are trade-offs between certain qualities. The purpose behind the metaphor, such as I have covered earlier in this Chapter, is also important. Booth(1979)

claims, "metaphor cannot be judged without reference to a context"(p.58). Davidson (1979) goes further, claiming that there are "no unsuccessful metaphors"(p.29), though some may be tasteless. Many writers, however, do make some discussion of qualities of different metaphors. In this Section I now want to discuss some of these qualities of metaphor.

On a particular occasion, a speaker may bond or alienate the hearer. I have discussed bonding and the notion of intimacy earlier. Alienation may mean a failure of a metaphor, for example if the intention is to persuade. But some metaphors may be intended to alienate, for example, Booth's(1979) weapon metaphors (his example is of a "catfish" metaphor used in a law suit), for which he lists criteria such as revealing a clear purpose, and producing a shock. But in my own data, a weapon metaphor was not successful- why not? This was during the Weston House debate when one Councillor suggested "all prejudice is coming out of the woodwork" and received cries of shame. This was regarded as a personal insult and so taboo. By metonymical association, the opposing Councillors were being portrayed as rats or worms, and it was not a particularly new metaphor. Labelling Councillors as prejudiced was a further direct insult. In contrast the catfish metaphor where the opposing side (a large firm) was portrayed as fisherman gutting a (poor, small) catfish (the speaker's own side), gave a proper "speaker's ethos" in Booth's terminology- a jester identifying with the little fellow, rather than a perpetrator of thinly veiled insults. So there is an

idea here of metaphor being appropriate to context, and the speaker's desired image.

Some writers e.g.Booth, Cooper, have suggested that metaphors should be subject to criticism on moral and social lines. To take again an earlier obvious example, attempts to portray Hitler as a priest can be vilified on these grounds. Criticisms of metaphors or of metaphorical worlds becomes a way of trying to improve life, according to Booth. Sontag(1983) challenges the use of disease as a metaphor for inflation, which invests inflation with horror, but masks say the inequalities of unemployment. Booth refers to the "corrupting diminishing process of advertising" (by making metaphors). Perhaps metaphors of organisation can be judged as healthy or unhealthy for the organisation. The War metaphor in Chapter 10 may appear unhealthy, but can foster unity; the Journey metaphor may appear wholesome but convey delay - not sufficiently active to inspire - though this will depend on the words used. The logger model of Chapter 6 may appear appropriate to those who view, or would like to view, management as an exciting adventure, but not to others who feel we should tackle work systematically, perhaps. Morgan(1986) gives a clear account of conditions under which the organisation as machine metaphor may be helpful or not. So metaphors of organisation also need to be judged in context, and in this case, what we might mean by a healthy organisation (e.g. stable vs. changing).

Accuracy or "goodness of fit" may be thought of as an important criterion. But we run against a philosophical argument here. Brown(1976) points out that such an approach is circular, from the point of view of symbolic realism, because "correspondence criteria of truth presuppose that we have knowledge of the objects independently of our theoretical conceptions of them" (p.187). But there appears to be a reasonable criterion of appropriateness in context; that a metaphor be appropriate in say grandeur or triviality to the task in hand, as Booth suggests, and accommodated to the audience. Here, some may feel the logger model lends too much of an outdoor feel to the mundane closed-in office life in an organisation, but if the task is to inspire or to be memorable, this would be an advantage. Rather than assessing whether one metaphor is more apt than another, I prefer to explore relationships between them, as I suggest in Chapter 10: does a new metaphor for example collude with a well established view of the tenor.

Many writers refer to the importance of freshness or novelty in metaphor, calling attention to similarities and other relationships not already noticed. This element of surprise may bring a stimulating pleasant aesthetic experience. A fresh metaphor will tend to be memorable, and alert the hearer, thus helping in the function of persuasion. A preference for novel, fresh metaphor may be linked to what I see as a tendency for metaphors to run in fashions. In the District Health Authority I have noticed managers eagerly pick up new metaphors particularly from outside agencies, showing their awareness of thinking elsewhere e.g. the Regional

Health Authority, and their own position as ahead on fashionable ideology (conveying this as the speakers ethos, as Booth calls it). Thus the language of the Market was beginning to be used even at the time of my data, four years before full implementation of the new system of contracting for health care. And the metaphor of Service to describe healthcare is out of fashion except when needed to collide with and therefore oppose another metaphor e.g. the Market. To be effective, Cohen(1979) suggests that a metaphor should deliver its twist in a compact way. Kittay similarly refers to "condensation", and Brown(1976) to economy and brevity in metaphors in social theory, giving ease of representation and manipulation. The idea is that a metaphor summarises, delivering many ideas in a single phrase; thus an entire argument may be instantly effective. This all assists, therefore, achievement of vivid, concise communication.

Coombes(1953) suggests that a metaphor may startle us with its homeliness. This is a quality of familiarity, as opposed to the surprise element I have looked at above, but which is also useful. It is taken up by Vorlat (1985) for example, in her analysis of perfume names. It is worth distinguishing "widely familiar" from "thoroughly known": an idea may be a common one, but without detailed analytical understanding. For example, we may see the organisation as a machine - feeling that we are using a familiar vehicle with other connotations, without necessarily having any significant engineering knowledge. Familiarity, of course, depends on the hearer.

I have noticed, further, that some idea of primitiveness of the vehicle seems to contribute to its reception; not so much pleasure through novelty but through recognition of a primitive idea e.g. the "champion" vehicle conjures up early images of knights in armour. Primitive could mean either a basic historical idea or one learnt earlier in life (in this case, both). Fernandez(1977) has suggested that truly apt metaphors (at least in religious experience) combine representation of social experience and primary experience to render social experience "primordially relevant".

Closely related here is a quality of concreteness of the vehicle, as opposed to the abstract nature of the tenor. Hoffman and Honeck(1980) suggest this quality tends to give interpretability. Often such vehicles can be readily visualised or what Hoffman and Honeck call "imageability". In my data analysis I have used the word vivid to include this together with the quality of freshness.

So far I have looked at qualities of metaphor which tend to enhance particularly its aesthetic quality, giving more chance of persuasion. Other qualities would include how rhythmic would be the metaphor and whether the concepts are pleasing or repulsive,for example. Some metaphors may appear to be stimulating, others dull. Booth suggests activeness to be an important quality, certainly in a weapon metaphor. I would put this alongside novelty, imageability, concreteness, compactness, as characteristics of vehicles which make a metaphor startling and striking on hearing or reading.

But the relationship of tenor and vehicle is also important. Although I have avoided characterising metaphor by the element of incongruity in Chapter 2, nevertheless this is a quality of many metaphors. Brown suggests that the most telling innovations in science seem not to represent the world as it really is. Terms which come from different domains are the more startling or bold, as for example Kittay(1987) notes, citing the diverse association of lovers and mathematics for example, in the poetic extract of lovers like a pair of compasses. In this view, the most interesting metaphors involve tension as Wheelwright points out. We could call them "far-fetched", but this term suggests that perhaps the domains should not be too far apart or the metaphor may become too obscure. Tourangeau and Sternberg(1981) have tested these views experimentally, and found some, rather weak, evidence that metaphors whose terms are from distant domains are perceived as more apt. Sapir(1977) points out that the more remote the terms (from each other) the greater the possible variety of non-arbitrary connections, and he cites the surrealist view that even arbitrary juxtaposition can lead to a "fuller, more than real, insight into reality"(p.31).

Brown(1976) though, writing on metaphor in social theory, suggests that alongside the desirable quality of poetic originality, metaphors should be "isomorphic" enough to be elaborated.Tourangeau and Sternberg(1981) also, in their work on aptness of metaphor, suggest metaphors are perceived as more apt to the extent their terms occupy similar positions within their respective domains. The

same idea is presented in terms of structure preserving ,by Gentner(1982). We are here looking at qualities applicable to the use of metaphors to explain or to predict. To me, it is Brown's point that the useful metaphors are ones which can be elaborated to submetaphors which is important i.e. they can be elaborated to a model. He calls this quality - "range", where adequacy is tested by its ability to reduce or to elevate one type of reality to another. In my research, one early point of satisfaction for me was realising that I would be able to translate the Weston House thick description into the terms of the logger model. Black (1962) made what I think is a similar point, that resonant metaphors are rich in background implications - structure is for him though not a requirement of this quality of resonance. To me, structure is something which potentially can emerge from a rich metaphor. In Black's view, the implications of a model should be rich enough to suggest new hypotheses and speculations. Thus metaphors sufficiently rich to be elaborated in a formal way, i.e. as models, can be used to predict. Richness therefore can be seen in two ways: the potential for many entailments or submetaphors as in a model, and also resonant in a particular context e.g. Coombes(1953) links "his secret murders sticking on his hands" to another quotation from Macbeth: "screw your courage to the sticking place". Rich metaphors are suggestive which means they can for example be used to make the strange familiar, and to explain. To me the logger model also helps to explain, for example, why gaps occur - why certain apparently vital tasks do not get done - sometimes described in another metaphor as "falling through the cracks". Crocker(1977) refers to Burke's view

that metaphors can be judged by their ability to fill out the context, giving body to a perspective; the crucial test is that one can do more with the metaphor. Henle(1958) also suggested that aptness depends upon the capability for elaboration. Brown refers not just to submetaphors, but to points of connection with other metaphors as being an important characteristic of other metaphors as in the quote from Macbeth above. Thus although Brown himself objects to mixed metaphors as illogical, he has recognised the importance of relationships between multiple metaphors.

Each of these qualities I have looked at may trade off with others. Gentner suggests a trade off of clarity, richness and scope. Brown notes the opposition of economy and range. Tourangeau(1982) points to the distinction of clarity of comparison between similar domains versus the interest or novelty of disparate domains. Zencey (1991) highlights a distinction between richness and clarity: "all really rich metaphors allow for contradictory applications" (p.56). I have been surprised to find so many insights from the less obvious or interesting metaphors e.g. Weston House as hospital, as from the striking ones e.g. nurse as patients' champion. Partly this may be because the latter type have become less fresh to me as I have worked with the data, but also there is richness in comparison of similar domains and insights from prevalent use of a metaphor which reflects an accepted way of looking at things.

Finally, I want to note that metaphors can be enhanced in respect of some of the above qualities, either by refinement, or by what I will

call "layering", which I discuss in Chapter 10. For example, the clinic as machine is a dull though informative metaphor, much enlivened in my data by becoming "sausage machine", and in my own construction of the logger model, what might appear an uninspiring view in terms of issues developing, is, I believe, enhanced by the logger picture.

SUMMARY

I have discussed here a variety of overlapping uses of metaphor, and in some detail, ways in which qualities of particular metaphors may be examined, recognising that some of these qualities, of necessity, trade-off with each other, and are related to a particular desired use, so that only in context is it possible to assess whether one metaphor or model may be preferred to another.

CHAPTER 4

METAPHORS AND ORGANISATIONAL MODELS

INTRODUCTION

In this Chapter I want to discuss some of the most fundamental views about metaphor and how these impinge on the use of metaphors and models in organisational theory. To do this, I outline the relationship between models and metaphors and cover a recent debate about the value of the metaphor approach in organisation theory.

METAPHOR: ITS UBIQUITY AND FUNDAMENTALITY

One of the most fundamental debates on metaphor appears to be whether metaphor is universal in language or thought. As I have noted, early views on metaphor considered it as an embellishment or decoration of 'normal' literal language. More recently, many writers have suggested that metaphor is inherent in language and thought.

Universality of Metaphor: Some Early Views

According to the classical view, cited extensively by Hawkes (1972), metaphor works negatively by subverting the proper meaning of words. But it is the supreme ornament of style, separate from ordinary language and subject to rules of decorum. Hawkes (1972) even cites

Samuel Parker in 1670 advocating an Act of Parliament forbidding the use of "fulsome and luscious" metaphors.

However, in the Romantic view, in particular Vico and Coleridge, minds are formed by the character of language not vice versa. We "make the world up as we go along" (Hawkes 1972 p.55); metaphor is at the centre of human concern and a metaphor is a thought in its own right, not just a cloak for pre-existing thought. According to Hawkes, modern literary critics, linguists and anthropologists have reinforced the Romantic view - one of unity and dissolution of the barrier between man and nature.

In this view, language is vitally metaphorical. Poetic language is not something separate. Hawkes quotes Shelley: "language itself is poetry" and Wordsworth's view that language is vitally metaphorical in itself. Coleridge uses the image of a foot measuring itself on the snow to describe how the finite form is only "an apprehension, a framework which the human imagination forms by its own limits" (cited by Hawkes p.55). Thus, language lies between man and nature, and is how we understand.

Richards took these ideas further, suggesting that just as humans create reality by imposing concepts of things onto raw material around us, so we impose meanings covertly, and meanings are only appropriate to and valid in a cultural context. Words are not events in themselves so much as the totality of the conventions which derive from our employment of them. This means that ambiguity is

fundamental in language. The critic Empson, cited by Hawkes p.63, considers metaphor to be the "normal mode of development of a language".

This switch in thinking in the field of literature and literary criticism accords with later philosophical and anthropological thinking, about what Cooper (1986) calls the "primacy" of metaphor. Hawkes cites Whorf's understanding of fundamental metaphorical devices in English imposing a system of spatial and temporal relationships. These we unconsciously assume as given facts but other languages do not necessarily share this. Levi-Strauss, referred to by Hawkes, considers myth-structures are 'improvised' or 'made up' (what he calls bricolage) as ad hoc responses to an environment to establish analogies between the ordering of nature and of society. "Homologies" are established by metaphorical relationships between worlds of thought eg geographical, economic, social and religious. "Constrastive orderings" eg hot/cold or edible/inedible are fundamental and all such constitute the source of metaphor, Hawkes suggests. To me, this also affirms the characteristic of metaphor I have suggested in Chapter 3 as using an earlier learnt, perhaps childlike and more primitive idea as vehicle for a less familiar idea to produce an attractive and vivid metaphor.

Kittay (1987) touches on views on the primacy of metaphor. To her, literal language becomes a pruning of the rich expressive medium of metaphorical language. The metaphorical movements "collapse onto"

literality and conventionality - necessary for a viable working language, she says, but language must be able to accommodate new metaphorical displacements and organisations (of concepts). (p.121). I am reminded here of Bohm's(1980) new notions of the implicate(enfolded) order and explicate(unfolded) order in the universe and just raise the possibility we may think of literal language as an explication of underlying, mobile, implicate metaphorical thought.

A link between metaphor as a thought process, and language, is seen in Cassirer's work referred to by Dirven (1985): Cassirer concentrated on an area (the area of space) where metaphor helped to shape language - intellectual conceptions are rendered by spatial representations. Just how widespread is spatial metaphor can be considered by the use of diagrams in all disciplines - each one is based on spatial metaphor. I have earlier referred to the helpful analysis of spatial metaphors by Tolaas(1991). Even in higher mathematics, I have found that algebraic theories are understood by means of spatial concepts such as fields, rings and groups. Lakoff (1987) takes the view of metaphor as a means of categorising experience in terms of features of already familiar experience. Gill (1979) discussing Wittgenstein's views of metaphor, refers to the non translatability of important metaphors being a "necessary, primordial feature of the whole linguistic-cognitive enterprise" (p.279). Apter (1982) suggests metaphor may be fundamental to creative thinking of all kinds - bringing about different ideas into the same conceptual space. In his view metaphor is also about the

nature of emotional experience, sharing properties with toys, jokes, paintings and sacred objects.

Newmark (1985) goes even further. He claims that words are symbols of things, all symbols are metaphors or metonymies replacing objects, so all words are metaphorical: "language is a metaphorical web" (p.298). MacCormac (1985), taking a cognitive view, considers metaphor as a knowledge process and speech act, but denies the claim that all language itself is metaphorical. Culler (1981) refers to Rousseau and Vico's earlier views that language originates in metaphor and figurative language precedes literal language. Nietzsche, quoted by Cooper (1986), took the view: metaphor is our original and fundamental way of responding to the world with words.

Mooij(1976) also suggests metaphor played a part in the development of language eg 'high pitch' or 'vivid colours' have metaphorical origin, and more recently 'wave' in theories of light and sound, 'flow' of money and 'iron curtain'. Mooij later talks of a process of mortification of the non-applicable meaning of a metaphorical term (as metaphors die). Shanon (1990), in a discussion of the pictorial nature of dreams, refers to (child) developmental indications that figurative language precedes rather than follows, the acquisition of well-defined literal meaning. Ricoeur (1979) takes a long view, suggesting that poetic language (metaphorical language) appears to abolish ordinary reference but this could reveal a primordial reference suggesting deep structures of reality, whereas we mortals are only in this world for a while, and as

Harries (1979) puts it, are caught up in taken-for-granted ways of speaking and seeing. Booth (1979) even points out that some could argue the whole of our lives are but a metaphor for God's truth.

The primacy of metaphorical thought has been the subject of a debate on the psychology of metaphor comprehension. Searle (1979) suggested there were two stages, where a reader would first seek a literal rendering, then look for a metaphorical interpretation; this model has been challenged particularly by Tourangeau (1982).

Cooper (1986) discusses at length the thesis of the primacy of metaphor: that metaphorical talk is temporally and logically prior to literal talk. However, Cooper's view is that claims that all thoughts and utterances are charged with metaphor are absurd, because, to him, there are clearly literal utterances that can be distinguished from metaphorical ones. But, this does not imply that the contrast of metaphorical and literal has to be found anywhere in particular, and so we have the idea that there may be degrees of metaphoricity. Wheelwright (1962) distinguishes "block" and "fluid" language, with block language as a limit towards which language tends as its "connotative fullness and tensive aliveness" (p.17) (characteristic of metaphor) diminish. Miall (1982), following Nietzsche, talks of metaphor as "one end of a continuum" in how we use language.

Hesse (1980) points out that a consequence of the interaction theory of metaphor (see Chapter 2) is abandonment of a "two-tiered" account

of language as metaphoric and literal, because in the interaction view literal meanings are shifted by their association with metaphors. Therefore, taking on the interaction view as a preferred explanation for how metaphor works and its creativity, necessitates its acceptance to some degree as universal.

Whilst therefore there is strong support that the basis of language, the early development and underlying thought processes are metaphorical, there are varying arguments for and against the view that all language, at any one time, is metaphorical. Perhaps we may consider language as a revelation of metaphorical thought - revealing its metaphoricity only to a degree - in particular, taboo metaphors (see Chapter 10) are revealed only implicitly.

Dead Metaphors

Several writers refer to "dead" or "frozen" metaphors whose metaphorical origin is forgotten and may now be perceived as literal or conventional language. Wheelwright (1962) refers to perspectives that have become standardised. He quotes Dean Inge's view that it is the tendency of all symbols to petrify or evaporate, and either process is fatal. Some writers have pointed out that metaphors can easily be resuscitated or unfrozen - for example " He had a heart of stone - but she was beginning to chisel away at it." Metaphors can be revitalised by recontextualisation eg Wheelwright quotes Eliot's juxtaposition of the Christian Dove symbol with a bombing aircraft. Revitalised metaphors give us a similar feeling of surprise and

appreciation as fresh metaphors. For some metaphors their liveliness remains in their ability to resist any attempt at paraphrase and their private applicability eg Wittgenstein's "For me, the vowel e is yellow" cannot be expressed any other way - an essential metaphor.

Black (1979), however, refers to the classification of 'dead' and 'live' as trite, and suggests a finer distinction of a metaphor beyond resuscitation (his example is a muscle as a little mouse, musculus), those where the original can be restored, and those regarded as (freshly) metaphoric.

The Motive for Metaphor

For a different slant on the universality of metaphor, in terms of how it entices us, I turn again to Parker (1982). Parker quotes Wallace Steven's poem "the Motive for Metaphor" in full (reproduced at Appendix A). She describes Stevens as impatient with metaphor, but aware that the 'error' of metaphor cannot be removed. According to Parker, the motive of metaphor in the poem involves a movement or evasion or retreat, a speaker's preference for the shadowy and oblique. The copular 'is' of metaphor (as in A is B) is "less an apocalyptic joining than a playful evasion of all fixities." (p.146). The escape which metaphor enables, produces at the same time weakness and regret. The use of metaphor, in this view then, is like hedging and dodging around an assumed something which is fixed, which cannot be touched but can only be approached by a kind of

dance of metaphor (to introduce yet another metaphor of metaphor!). Wheelwright (1962) explains our inherent inclination for metaphor as we grope to express our complex nature and our sense of the complex world, to hint at turbulent moods within and outside.

Universality and my research

So we have a number of views which interlink. Metaphorical thinking appears to be fundamental, particularly to creative thought. Because of this, the development of language is through metaphor. At any one time, the language which has resulted has fresh live metaphors and many dead ones. These dead metaphors become what is commonly known as literal language. Writers have also argued that dead or dormant metaphors can easily be reawakened. There is a thread in all this that there are degrees of metaphoricity, or equivalently, degrees of liveliness of metaphors. Some philosophers maintain though that all language is metaphorical. This is intuitively hard because so much of our language seems literal, taken for granted. But theorists would argue that therein lies the very power, and potential duplicity, of metaphor.

So where does this leave the idea of doing research on metaphor if all language is metaphorical? I use the argument that there are degrees of metaphoricity. Black also suggests using an implicit rationale of the common sense distinction between literal language and metaphor. So, in this research I can concern myself with obvious, live metaphors, such as a consultant being a "prima donna",

which (I anticipate) all would agree are metaphors. I can include more dormant ones e.g. "all the prejudice is coming out of the woodwork"(see Chapter 8). I can also include, using the perspective view of novel metaphor, the idea of a new service such as Weston House being called a hospital or a home, not such obvious metaphors; or I can include the idea of "Service" being a metaphorical idea applied to the NHS. These may not be so vivid, but may be cognitively powerful and I pursue both of these in Chapter 11. In Chapter 5 I give more detail about how I selected metaphors in the Case Studies. We are left with the question: if metaphor is fundamental to thought and widely prevalent in language, how do we all "live by" (to use Lakoff and Johnson's phrase) the variety of different metaphors we understand, hold and communicate, and I give in Chapter 10 some ideas on how such multiple metaphors relate together.

MODELS AND METAPHORS

Relating Models and Metaphors

I have defined "model" earlier in Chapter 2 as a structured formal description of a metaphorical idea. Brown(1976) says "a model may be thought of as a metaphor whose implications have been spelt out"(p.170). Black(1979) claimed that "every metaphor is the tip of a submerged model"(p.31). In his view a model works through an overarching analogy. The use of theoretical models can consist in analogical transfer of vocabulary, revealing, as with metaphor,

underlying relationships. In his early work Black distinguishes models and metaphors by metaphor's use of commonplace implications, whereas models require prior control of a scientific theory, but Black moved away from the requirement of implications to be commonplace in metaphor, in his later (1979) work. He argues here that models too bring about a wedding of disparate subjects by a distinctive operation of transfer of implications, of relatively well-ordered cognitive fields(p.236).

Hoffman(1985) argues that although models and metaphors differ,they serve many of the same functions in science and similar criteria have been applied. He calls a model both an expression of a metaphor and an instantiation of a theory, and refers to views e.g. of Hesse that accord with mine (e.g. in the way I describe the logger model in Chapter 6) that models have underlying metaphors. We may note here that a metaphor may be seen as 'underlying' or 'overarching' a model, but that both these vehicles, though appearing to clash, convey the same idea of summarising and encompassing. Turbayne(1970) relates models and metaphors by calling them extended metaphors if "extending the metaphor" means "constructing the model whose existence is suggested by the metaphor"(p.229). To me, though, extending a metaphor can mean a process not as formalised or structured as producing a model; an extended metaphor can be a literary text - a poem for example exploring one metaphorical idea. Or, if I pursued the notion of translating my "thick description" of the Weston House saga into "logger model" terms, which I refer to in Chapter 5, this would also

in my view constitute an extended metaphor. Such an approach might well be worth pursuing further in considering how metaphors can be used in organisation theory.

In Chapter 3 I have described some uses of metaphor which particularly pertain to models: to explain and predict through a new perspective, for problem-solving and action, prescribing action, or for private use to make sense of a world. Turbayne describes a "process of discovery" using models, by which sentences or entailments are translated from the vehicle to tenor domains; this,to me, is equivalent to explicating a metaphor. He suggests that efforts to translate from an appropriate model frequently raise new questions regarding the subject modelled. I explore this "creativity" of modelling later in this chapter.

Ricoeur(1977), referring to Black, distinguishes model types. Firstly, scale models corresponding to "icons" are models of something to which they refer e.g. model of a ship, simulation in miniature of slow processes, and purport to be faithful only in respect to specific features. Secondly, analogue models e.g. hydraulic models of economic systems emphasise relationships between elements as well as change of medium. We can see these relationships between elements as structured "entailments" of a metaphor, to use Black's term, and the movement from one element to another as metonymical relation. Thirdly, there are theoretical models which also emphasise structure, such as Maxwell's representation of an

electric field in terms of the properties of an imaginary incompressible fluid.

As we can see from the theories of metaphor described in Chapter 2, the link between metaphors and models is very close. Whilst "scale models" may be seen to operate according to a connotation theory of metaphor, analogue and theoretical models may also easily be seen to follow comparison theory ideas. But they do more - in creatively reorganising one's understanding of the tenor or target domain they also operate an interactive process, and as Turbayne points out, in modelling we may learn just as much about the model (the vehicle) as the subject modelled (the tenor). In Ricoeur's terms, "scientific imagination consists in seeing new connections" (p.241), and can produce "a breakthrough that is both profound and far-reaching"(p.244). He also points to confirmation of the main traits of interaction theory of metaphor in its extension to models and that "reduction of models to a psychic aid parallels the reduction of a metaphor to a decorative process".

Crocker(1977) distinguishes metaphors which are analogic systems, and those he and Sapir call internal metaphors - single metaphors specific to particular contexts. He suggests that the social use of analogy lies in its ability to handle a wide range of issues within a single formula. Analogy can be considered only cognitive and cold, but internal resemblances can be discovered between juxtaposed terms which confer colour,feeling and aesthetic qualities of metaphor.

According to Crocker, this happens because analogies can slip from metaphor to metonymy and back again.

Applying this thinking to organisational models, we can see for example the metonymical association between prima donna and backstage, enabling both to be used as vivid vehicles within the coherent frame of a theatre metaphor. In models of organisation as well as metaphors, then, aesthetic qualities are important as well as their explanatory powers, and we see these in discussing in Chapter 10 their use in my data.

Cognitive and Aesthetic Aspects of Organisational Models

Black(1979) took trouble to emphasise the cognitive aspects of metaphor. The aesthetic aspects of metaphor had been emphasised in the classical view of metaphor as decoration. However, in organisation theory I think we may be in danger of over-emphasising the cognitive aspects and neglecting the aesthetic ones, and I have tried to redress this balance somewhat in discussing theories of metaphor in Chapter 2, the use of metaphor in Chapter 3, and in using the work of writers such as Booth(1979), Ricoeur(1979) and Parker(1982). Certain qualities of metaphor: concreteness, vividness, the ability to evoke visual images, and what I have called primitivity seem to be important in the way metaphors are used, remembered and appreciated, where "appreciate" appropriately has both a cognitive and aesthetic sense. I wonder whether the "garbage can" model of Cohen,March and Olsen(1972) would be quite so

well-known if "garbage-can" had been replaced simply by "mixture". In my own logger model in Chapter 6, the logger metaphor holds the model (the explicated metaphor) together by providing a more visual, memorable and coherent picture than would result from the model being described simply as "the organisation as a stream of issues", as well as making available further potential insights.

Models of Organisation

I want now to outline one or two examples of models of organisation from the Literature, and discuss arguments about their use, before going on to introduce in Chapter 6 the "logger model" which I have constructed from Case Studies 1 and 2 and some miscellaneous data.

One recent comprehensive overview of models of organisation is given by Morgan(1986). He begins with the metaphor of organisations as machines and refers to classical management theory and scientific management. Secondly he considers the metaphor of organisations as organisms. Both of these underlie many management theories. Morgan also considers organisations as brains, with the suggestion of movement towards self-organisation; then organisations as cultures, again popular in recent management theory (e.g. Frost, Moore, Louis, Lundberg and Martin(1985)). He moves on to the concept of organisations as political systems where interests, conflict and power are important. Further, more complex metaphors suggested by Morgan are organisations as psychic prisons, organisations as flux and transformation, and organisations as instruments of domination.

He suggests that an organisation can be many things at once; thus,thinking about an organisation in terms of one or more metaphors can only give us more insight into the organisation. I follow up such thinking in my emphasis on multiple metaphors in Chapter 10.

The "garbage can" model is described by Cohen,March and Olsen(1972). They suggest that to understand the processes within organisations, one can view a choice opportunity as a garbage can into which various kinds of problems and solutions are dumped by participants as they are generated. The mix of garbage in a single can then depends on the mix of cans available, the labels attached to the alternative cans, on what garbage is currently being produced and on the speed with which garbage is collected and removed from the scene. Elements of the model, or "streams" are: problems, solutions, participants and choice opportunities.

Allison(1971) discussed 3 models of organisation in a now classic study of the Cuban missile crisis. Model 1, the Rational Actor Model, assumes rational decision-making by the organisation as a single actor. Model 2, the organisational Process Model, concentrates on the standard operating procedures of an organisation to explain what goes on. Model 3, the Governmental Bureaucratic Politics Model, to which I refer in Chapter 6, assumes what goes on is a game, with players, and the game includes conflict, power, interest, politics and rules.

I would argue that in an organisation we only ever see one small part of what is going on at any one time. We have to make sense of what we see and hear happening, in terms we can grasp. We have to relate to colleagues reaffirming our identity in the group. We may want to persuade others of what we consider to be a preferable way of looking at our world, or at a particular problem. We may want to use a framework to explore further what is going on - to extend the model, to assess what may happen. In all these ways, the use of organisational models recalls the functions of metaphor which I have discussed in Chapter 3.

METAPHOR AND ORGANISATION THEORY - A DEBATE

In the organisation theory literature a debate has taken place on the value of metaphor in organisational analysis. This is most pronounced in articles by Morgan(1980,1983), Pinder and Bourgeois(1982), Bourgeois and Pinder(1983), but discussed further in articles by Astley (1984,1986), Tinker (1986), and Reed (1990) amongst others. The arguments put forward in particular by Pinder and Bourgeois range on the following themes: the nature of scientific progress and in particular the progress of organisation theory in its claims as a science; the precision of language used in organisation theory; the inability of metaphors to falsify hypotheses; the lack of any criteria for choosing metaphors; doubts about the justification of any use of metaphor in organisational science (Pinder and Bourgeois sought a moratorium); doubts about how

far creativity by metaphor extends; and the need for familiarity with the model (or vehicle) domain.

Before I consider this debate further, however, it seems to me that it has its roots in other more general debates: on the nature of language and how far that is vitally metaphorical, which I have covered above, and on the use of metaphor in science and the relation of scientific and other metaphor, where views of Hesse (1980), Martin and Harre (1982), Gentner (1982) etc., or Pepper (1982) on philosophy, or Norris (1982) on Nietzsche are pertinent. I will draw on these views in a closer examination of the debate.

Metaphors in Science

Both Hesse (1980) and Hoffman (1985) refer to a debate at the start of this century between, in particular, Duhem and Campbell, on the use of models and metaphors in science. Rene Duhem argued that metaphors were only heuristic, memorable devices which were not part of actual theories. Campbell challenged this, arguing that models were necessary to yield unexpected extensions of a theory and new hypotheses - i.e. the creativity of science and one of the uses of metaphor in Chapter 3. According to Campbell, even abstract theories are interpreted by thoughts, images and introspections. As I have mentioned earlier in this Chapter, my own understanding of mathematical group theory required a spatial metaphor.

Precision, Creativity and Openendedness

One of the main planks of Pinder and Bourgeois' arguments is that metaphorical language is not sufficiently precise. They argue that literal language should replace metaphorical language. Boyd (1979) refers to the issue of metaphorical language lacking precision. This is linked to debates on the philosophy of language as well as of science. Briefly, Boyd emphasises the continuous accommodation of language to the world in the light of new discoveries, as he advocates what he calls "realist standards" of precision; these are that one should attempt to explicate metaphor. Even though, as Hoffman pointed out, rules for doing so have not been discovered, all he seems to be saying here is that scientific theory should be developed from metaphor.

Wheelwright (1962) argued that it could not be proved that truth is attained by exact language. An indirect allusion may, in a problematic situation, be more relevantly precise than use of logic. He gives the example: how much more do you like beef than mutton - twice or one-and-five-eighths as much,to show how scientific language may be inappropriate. He argued that the openness of language permits adaptation to vague, shifting problematic and paradoxical phenomena.

Pinder and Bourgeois argue in favour of literal language. We have seen, however, earlier, how language which appears to be literal may

nonetheless be underpinned by metaphorical ideas. We also have Black's point that the paraphrase of a metaphor cannot be freed of metaphors, therefore one would suppose that the explanation of a literal term could similarly not be free. Pepper (1982) himself does not see a necessary incompatibility between formal logical or mathematical aspects of theory - as the terminal stage, and the metaphorical. This comes up against the criticism made by Martin and Harre (1982) that jargon is not readily understood as a way of understanding new and unknown concepts. But they may be suggesting that jargon is used within what was an initial metaphor. In the logger model in Chapter 6, there would come a level of detail in talking about the way managers as loggers act with issues as logs where the logger picture could no longer be coherently sustained. To me it would have served a useful purpose already - but I would be moving into a different language in which the logger idea might become an underlying distant framework. I would be likely to bring in concepts with different, and in respects colliding, underlying metaphors e.g. the idea of some issues being seen as problems - an idea coming not from the domain of "logging" (problems - to me at least - would convey quite unrelated connotations of hard mathematical puzzles). The metaphors introduced in this way may have varying degrees of liveliness however - if completely dead they could be seen as literal and hence any collision would go unnoticed. But if we take the view that all language is vitally metaphorical we have to accept that even literal language derives from metaphor. So, we begin to get into a situation where multiple metaphors are identified and inevitable, and I explore this further in Chapter 10.

Gill (1979), discussing Wittgenstein's views on metaphor, refers to Wittgenstein's metaphor of the ladder in his early work: after understanding his presentation of logical space we are to kick over the ladder of its foundational metaphors. In other words, we are to forget the metaphor underlying the theory. But Gill argues that it is not the sort of ladder which can be kicked over as we are always standing on it. In his later work Wittgenstein used the metaphor of a labyrinth of language: whilst one was on the outside looking in with respect to the earlier metaphor of logical space, one is inside a labyrinth. The internal standpoint forces one to see that precision is unattainable. Precision has to be "based on processes and meanings which are in themselves imprecise".(Gill,p.279).

I am touching here upon a philosophical debate about language and truth. Without reviewing this in depth, I want to refer to some views of Nietzsche as described by Norris(1982): that philosophers were the "self-condemned dupes of a 'truth' which preserved itself simply by effacing the metaphors which brought it into being" (Norris,p.57). If language is radically metaphorical - and for this a strong case exists as I have shown earlier in this chapter - then thought cannot search for truth beyond "the mazy detours" of language. Philosophers remain to some extent prisoners of themes and rooted conventions of thought, says Norris. Norris quotes Nietzsche that "truth is a mobile marching army of metaphors, metonymies and anthropomorphisms..truths are illusions of which one has forgotten that they are illusions" (p.58).

It seems likely that the more "precise" the language used i.e. the more literal, the less there is room for creativity which is one of the chief uses of metaphor. Given the earlier arguments on the ubiquity of metaphor, I do not want here to draw a distinct line between metaphorical and literal language. But to examine this further, I want to look more at the process by which metaphor is said to offer creativity in science.

Hoffman(1985) argues for the necessity of metaphors and models in creativity in science: "logical theories alone cannot lead to philosophically interesting questions and falsifiable hypotheses about causes and mechanisms"(p.345). He refers also to Hesse, Martin and Harre, and Black. Whilst scientific progress relies on deduction it also relies on creativity for which there are no strict rules, he says. This is very similar thinking to Johnson's(1980) distinction between canonical and non-canonical interpretation of metaphor to which I referred in Chapter 2 - where the idea of a "creative leap" is expressed through a theory of interaction. He refers to Kaufmann, that creative thought is known to be correlated with the use of analogies and metaphors.

We can refer here also to the necessity of metaphor in order to talk about novel concepts or experiences as I have discussed in Chapter 3. It is also in the area of prediction that Hesse (1980) has argued for a metaphorical view of scientific reasoning. Kuhn (1979) considers metaphors to be fundamental to science.

Martin and Harre (1982) argue for the necessity of metaphor because "we can conceive more than we can currently say"(p.89). They consider that the theoretical sciences experience crises of vocabulary. Terms are needed to describe "beings,properties and relations not available to experience"(p.96). Such a term must be, they argue, meaningful without recourse to further experience and yet imbued with novel meaning. Neologisms could not in general meet the first. But metaphor, given adoption of an interaction view, could satisfy both.

My earlier argument on precision must also be linked to arguments extolling metaphor for its ambiguity and openendedness. If metaphor is not precise, its very ambiguity offers useful characteristics, some of which I have touched on in Chapter 3. Boyd (1979) considers metaphors to be an irreplaceable part of the linguistic machinery of a scientific theory, and emphasises their "openendedness" - their success not being dependent on conveying specific similarities. Astley(1986) points out a practical result, that their very ambiguity enhances the appeal of such theories by their wide applicability. Distinguishing "explanation" from "understanding", Sandelands(1990) suggests that understanding demands evocativeness from language; that figurative language invites the reader to go beyond the words and create their own image and hence understand. On the contrary, literal language denotes, stops the reader from becoming actively involved and interferes with his grasp. He particularly mentions the deficiency of literal language in conveying natural events and processes and quotes Arnheim's point

about the difficulty of conveying the process of interaction between participants. Social interaction is however a lynchpin of what goes on in organisations, so literal language would appear, on this view, to have a particular deficiency in organisation theory.

Pinder and Bourgeois refer to the possibility of idiosyncratic interpretation given metaphor's imprecise nature and its inability to produce hypotheses capable of falsification. The former point is a danger also pointed out by Beardsley(1962) in interpreting metaphor in poetry. Many writers have pointed out this problem. Turbayne(1970) refers to erroneous assumptions being smuggled in: we must not forget the "pretence" of metaphor, and Black also talks of the risk of fallacious inference. Mooij(1976) too, warns that metaphor can have untenable suggestions,the emotive connotations may have detrimental effects (from demagogue use) and use of metaphor can indicate intellectual laziness. Hoffman(1985), however, suggests that in many cases where metaphor apparently misleads, the scientist's depth of theorising is insufficient. The uses of metaphor rather than metaphors themselves are at fault. He suggests that theoretical progress often consists of deliberately exploring various metaphors' strengths and shortcomings. One corollary of this could be that insight comes therefore through the dynamic use and development of the metaphors and not just the metaphors themselves. He gives an example (p.335) of Mendeleev's adherence to the Periodic Table approach to the chemical elements despite contradictions in the data - which were later explained by the discovery of isotopes.

Metaphor: Truth and Choice

One of the problems with metaphor argued by Pinder and Bourgeois and also by Reed (1990) is that its hypotheses are not falsifiable. This seems to be a major drawback if set against positivist views of truth and falsity. Some writers have argued that if a metaphor shows "a poor fit with reality" another metaphor must be found e.g.Turner(1984). However, this presupposes an external reality which can be interpreted without recourse to metaphor. As Astley (1986), referring to Daft, puts it: "there is no direct access to reality unmediated by language and preconceptions"(p.498). I have, in line with this view, taken the approach in this thesis that rather than test individual metaphors (though they can be described with respect to certain qualities as we have seen), I prefer to look at relationships between metaphors - assessing each against others. A number of writers on metaphor e.g. Cooper(1986) have discussed theories about metaphor and truth, which I will not go into in detail here. But in discussing precision, I have already touched on a philosophical debate about language and truth.

In an account of deconstruction, Norris(1982) records the sceptical rigour and "denial of any secure resting place in method or concept"(p.57) held by Nietzsche. In that view all philosophies rest on a shifting texture of figurative language. Norris notes the assumption, prevalent in modern philosophy and criticism (and made by Pinder and Bourgeois) that a "science" or logical metalanguage

exists which can step outside figurative language and survey it. Both Nietzsche and recently Derrida talk, however, of an open plurality of discourse with a free play of signs. The mobility and instability described here relates back to Parker's views on metaphor(see Chapter 2) and also Morgan's pluralist views. It is also on this instability and mobility that my proposals on multiple metaphors in Chapter 10 rest.

Pinder and Bourgeois also question how metaphors can be chosen. This is a pertinent and difficult question given the views I discuss that it is inappropriate to attempt to test metaphor against truth values. But Astley(1984) points out that "conceptual exposition not truth reporting is the name of the game(in management science)"(p.267); there is a suggestion here that choice of metaphor may lie in what can be done with it, which relates back to the quality of 'range' of a metaphor I discussed in Chapter 3.

Colville(1988), reviewing Morgan(1986), considers that Morgan has not discussed the issue of choosing between metaphors in sufficient depth, and this is also a criticism made by Reed(1990) who comments on what he calls Morgan's "retreat" into cognitive relativism, "which leaves organisation theory with a supermarket of metaphors", and leads to the search for criteria for evaluating alternative explanations being "consigned to the dustbin of intellectual history"(p.38). Reed, instead, proposes the development of an explanatory framework that identifies shared criteria through which different research schools assess each others' work. But although

criteria may be applied which distinguish between metaphors, these criteria will themselves be metaphorically-based, as Gill(1979), writing on Wittgenstein's views, points out(p.282). For example, criticisms of metaphors on ideological grounds as expoused by Tinker(1986), and which I discuss in Chapter 3, may be undertaken but the test is against a fundamental metaphorical view such as "all men are equal". What we are doing is revealed as comparing metaphors by relating them to other metaphors. With that in mind, it seems reasonable nonetheless to consider various qualities of metaphor, as I have in Chapter 3, in order to compare them and to consider their suitability for various contexts of use.

The use of specified criteria for distinguishing metaphors, or as I have put it, qualities, differs from questions of how to apply a criterion and whether acceptance of a metaphor was a good decision, according to Hoffman(1985). He suggests that a scientist may never be sure a priori whether a decision to accept or reject is correct, but he also criticises Gentner's (1982) analysis of assessing model validity after completeness and clarity of a model: such a fixed order may not apply. Even those metaphors which make some false predictions may be used creatively to generate ideas. This is another emphasis on the dynamic process of metaphor use being of value, rather than a fixed model in itself.

Although ideas of verifying or falsifying metaphor are on this view inappropriate, nevertheless Hoffman proposes that metaphoric thought does have a kind of rationality, and in particular that what he

calls the "chains of metaphoric reasoning" (the dynamics of metaphors in use) are criticisable and defensible as a process of inference, though Hoffman points out that few researchers have tried to specify how people infer, and suggests more work is needed on this. The ideas in Chapter 10 on relationships between metaphors may begin to form one possible model for such chains.

However, choices of metaphor can be made and are made. Martin, Kleindorfer and Brashers (1987) refer to Kuhn's view that choice depends on the values of scientists, and that the debate over theory choice cannot be cast in the form of a logical proof. Astley(1986) refers to a view of Daft that research products should hang together in meaningful units with poetic quality - thus emphasising aesthetic qualities within research as we see also for example in the notion of "elegance" applied commonly to mathematical theories. Kuhn(1970) suggests that despite what he calls incommensurability between paradigms, nonetheless scientists become persuaded of the value of theories through for example their ability to explain or predict, but there is no neutral algorithm for theory choice.

Metaphor in the Development of Theories

One of Pinder and Bourgeois' main arguments, and one taken forward by, for example, Tsoukas(1991), is that whilst metaphors may be of use in the earliest stages of theory creation, it is preferable to switch to literal language when developing theory. This is akin to Wittgenstein's early "ladder" picture, and assumes one can forget

and forgo the earlier metaphor from which the theory derives. Pepper(1982) calls this the superficial use of metaphor in philosophy - the use as a new mode of thinking emerges before a technical vocabulary is developed with specific designations. This is the use described by Pinder and Bourgeois where they allow that metaphor may (even) be useful in the early stages of inquiry, "guiding speculation in a heuristic manner"(p.647), but not for formal hypothesis and theory. But Pepper also suggests a more permeating use of metaphor - which he characterises as using one part of experience to illuminate another (this fits with the "perspective view" I decided to adopt in Chapter 2) - from "root metaphor theory" which emphasises the metaphorical origin and development of philosophy. Pepper goes on to argue how extensive is the influence of philosophic metaphors in cultural thought and practice. He argues that the set of categories for a world hypothesis is closely related to a generating root metaphor, although the categories are conceived by the "indoctrinated exponents of the philosophy" as the "actual structural framework of nature"(p.200). Nonetheless when one obtains a cognitive distance which makes one aware of the underlying metaphors, the categories must still be taken seriously as constructive instruments. This then relates to the arguments on the prevalence of metaphor in thought earlier in this chapter. The categories are also seen as functioning as cognitive metaphors, whose origin then is their root metaphors. Similar ideas are proposed by Lakoff(1987) in his work on cognitive models. Morgan(1983) does not take his arguments against Pinder and Bourgeois along these lines though; rather, he considers their views

as founded in metonymy. This does not seem to me to be a particularly helpful insertion; rather, we can stay with the point, which he also makes, of thinking being metaphorical in a fundamental way as I discussed earlier.

Pepper also refers to Kuhn's views of the paradigm as a guiding conceptual pattern in scientific procedure in the same way as a root metaphor is a guiding pattern for world hypotheses - or, as Harre(1985) puts it - a template. Such combinations of views could suggest, says Pepper, that "the basis of all productive empirical theory is in principle metaphorical"(p.204).

On the issue of metaphor's use only for early hypothesis-prompting as opposed to later stages of development of formal theory, Hoffman(1985) points out the continuing underlying nature of metaphor to formal theories. Referring to Pepper, he emphasises the dependence of basic principles, axioms and assumptions of a theory, on metaphorical views, and the role of metaphor as theory develops. "Elaboration of metaphor can lead to refinement of a theory, and to the disclosing of implicit assumptions"(p.332). In a list of the functions of scientific metaphors, he suggests that not only can metaphor suggest new hypotheses, concepts, relations, but it can predict new phenomena, give meaning to new theoretical concepts, suggest new laws, models, or research methods. The critical view of metaphor implies a progression from early metaphorical thought to more mature stages where formal, literal language is used. In a similar way, Hoffman calls metaphors and models embryonic theories

leading to the generation of mathematical or other formalisms used by theorists not necessarily making explicit reference to the initial images or models. But to him, the metaphors remain the bases for those formalisms. Hesse(1980) suggests that formal theories could not be comprehended or interpreted without reference to the metaphors or models.

In my own former field of operational research, which among other definitions is described as the application of scientific models to management problems, the "definition of the problem" has been traditionally seen as a crucial stage prior to development of a mathematical model with inbuilt detailed assumptions. I can now see this as a stage of choosing an underlying metaphorical view of the problem. For example, is the problem of waiting time in outpatients to be seen, fundamentally, as a queueing system or as a game between doctors and patients (where we might, say, be inclined to include an assumption that a doctor's consultation time is influenced by the number of people he knows are waiting - though the "Inside-Outside" metaphor in Chapter 11 would argue against this), or thirdly, as a problem of sharing out resources. Brown, referred to by Hoffman, talks in a similar way of the "expert in mathematical sociology" seeing, for example, cafeteria queues as Markov chains, or family squabbles as geometrical bifurcations.

Even Black(1962) suggests that every science may start in metaphor and end in algebra but he goes on to talk of the "latent archetypes of scientists". These are their root metaphors, the metaphors

underlying their theories, which over time may have become implicit. Kuhn(1979), too, suggests that underlying models remain essential to theory.

Martin, Kleindorfer and Brashers (1987) emphasise the importance of the imagination: the metaphors which imagination contains are not just a source of ideas but the imagination also provides root metaphors supplying conviction to thought, guiding questions and also what kinds of answers are convincing. Turner(1984) considers theories can be seen as extended metaphors; Brown(1976) claims that all theories are metaphoric. Such arguments rely on the view that thinking is fundamentally metaphorical, a debate I have emphasised earlier in this chapter. Advocates of literal language deny this e.g Tsoukas(1991), who suggests that it is metaphors which are used as substitutes for "deeper knowledge", and literal language that accounts for the mechanisms that are "really responsible" for any "experienced events"(p.582), thus he claims the possibility of assessing validity.

What I have aimed to show above is that there are many arguments and views supporting the use of metaphors and models in science and in organisation theory, and that the debate surrounding their use is built on a more fundamental debate in the realms of philosophy of language and of science. In the light of all this, the view of Pinder and Bourgeois is not so surprising - the debate becomes one of whether the underlying metaphors which first shaped the theory

can be discarded and forgotten, or conversely remain still essential but implicit - as the views above suggest.

But there can be dangers in keeping metaphors implicit. Dunn(1990), in his analysis of industrial relations, describes his own unearthing of root metaphors as "bringing to the surface what is buried in the idiom. The important thing is to recognise the importance of its symbolism"(p.21). Thus there are arguments for ensuring that underlying metaphors are made explicit. Turbayne(1970) takes this as the main theme of his book relating metaphor to myth, that we should constantly try to be aware of the presence of metaphor and not victimised by it. Mumby and Spitzack(1983) also talk of "metaphoric entrapment" where a particular metaphoric structure obscures alternatives. Tinker(1986) suggests that Morgan implies a "fair horse race" between metaphors but that metaphors may on the contrary offer conservative, libertarian or anarchist viewpoints; social dominance, inequality, conflict and disadvantage may bias the way metaphors are conducted and disseminated. Here the emphasis is on dangers of metaphors in use which I touched on in the ideological use of metaphor in Chapter 3. He says we must apprehend the social context in which theorising takes place, and gives a striking example of a Sunday School address where John D. Rockefeller drew a parallel between the growth of a monopoly and the blossoming of the American Beauty rose: "the splendour and fragrance can only be attained by sacrificing the early buds (competitors) that grow around it"(p.370).

Models may carry the same risks we have noted with metaphors. For example, economic models such as cost benefit analyses may carry dangerous implicit assumptions. As Black suggests, such "mathematical models" involve simplifications which may be drastic. Robins(1987) has noted the influence of economics on organisation theory as the sort of "incautious borrowing of ideas" that Pinder and Bourgeois identified.

In organisation theory, then, we need to be alert to the metaphors being used, whether they are explicit as in Morgan's (1986) work or implicit and underlying theories expressed in less metaphoric terms, just as in the process of developing the logger model, I was uncovering underlying and sometimes taboo metaphors, and later with the verbatim data, working to explore the implications of the metaphors spoken by stakeholders.

Familiarity with the Vehicle Domain

Pinder and Bourgeois argue that familiarity with the vehicle domain is essential in using metaphors in organisation science. I have discussed qualities of metaphor, in which some level of familiarity seems to be important for aesthetic as well as cognitive reasons: this is the emotive value of recognition. Gentner(1982) makes what she calls "base specificity", the degree to which the structure of the base or vehicle is explicitly understood, the starting point for her development of criteria of good analogies. However, in Indurkhya's(1991) description of varying "modes of metaphor", one

has more or less knowledge of vehicle and tenor domains, but in each, we have useful applications of metaphor. Boyd(1979) suggests that for theory-constitutive metaphors (those underlying developed scientific theories) it is not essential that underlying properties of the vehicle are understood. He gives an example of the relation between indexing of memory items and information retrieval, not being fully understood by computer specialists, but nonetheless useful.

Generally, and as I have discussed, the way in which a metaphor is used and understood in a particular context (of situation and participants) will be affected by knowledge of the vehicle domain but lack of familiarity, does not I suggest, preclude careful use being made of the metaphor.

Pinder and Bourgeois illustrate their point by reference to the garbage can model. If however we took the logger model, an expert on logging (which I am not) might consider for example that logging only takes place intermittently: in between which loggers rest up (this may or may not be so) and infer that management takes place in bursts. However, this is not the role of the logger metaphor-which (as I think with the garbage can image) is partly a picture to hang the model together in a coherent and vibrant way, and partly intended to provide some useful insights by giving a new perspective on what managers do. The logger model is not intended to provide a detailed isomorphism. Indeed as Brown(1976) points out, where metaphors yield the greatest insight they are unlikely to be very

isomorphic. To support this view, he suggests that where isomorphism is perfect it is unlikely new information will be yielded. Familiarity with the vehicle domain is only important, I suggest, insofar as one is intending to use the metaphor in a detailed analogical fashion, but as we have seen in Chapter 3 there are other uses of metaphor too. Familiarity with its connotations may also be important, however, for using the metaphor as a new perspective or to create appeal through intimacy; this may require some knowledge of the vehicle domain in an everyday cultural context e.g. common stereotypes of scientists say, or with the logger model, the pioneering image of loggers abroad, but not necessarily detailed technical knowledge of a discipline represented by the vehicle domain.

There may even be advantages to lack of familiarity, though. Orton and Weick(1990), in their recent re-examination of the concept of organisation as loosely coupled systems, refer to Levine's argument that underspecified formulations can serve as a vehicle through which investigators can work on different conceptual problems. As Newmark(1985) suggests, original metaphors are often dramatic and appear to be "imprecise if not inaccurate since they have indeterminate frontiers."(p.297). But they can be used to gain insight into a situation.

Some Summary Views

Meyer(1984) refers to the debate in organisation science over the use of metaphor as one between arguments for metaphor as "cognitive juxtapositions" that foster discovery, versus the view, propounded by opponents, of metaphor as (just) linguistic images. Meyer himself acknowledges both functions and agrees they enrich organisation science.

Ultimately, the choice, says Meyer, is not between metaphor and formal intellection. According to Brown(1976) the choice is rather "between more or less fruitful metaphors, and between using metaphors or being their victims"(p.178). What Meyer advocates is that in organisation science "consciousness of metaphors should be heightened and their 'as if' quality preserved"(p.7). This can be demanding. As Egan (1988) says "We use analogies to think with; it is not so easy to think about what we think with."(p.70). To me, it is as if we should consider each metaphor to be a momentary, tentative assumption, on which one is already poised to move onto another. Or again, we can see the process as a dance or as I cited from Parker earlier, a "playful evasion of all fixities". In this position, we are conscious of the unstable ground and can remove ourselves if necessary from its dangers. Whilst we may take excursions around several other metaphors, we may tend to have favourite or familiar ways of looking at the world - rather like home territory.

What I have aimed to show above is that there are many arguments and views supporting the use of metaphor and models in science and in organisation theory, and that the debate surrounding their use is built in a more fundamental debate in the realms of philosophy and science. In spite of the support for metaphors, they must be used with care; that is where the "control of tropes" in Pinder and Bourgeois' terms should, in my view, lie.

CONCLUSIONS

Finally, I want to use the close relationship between metaphors and theories which I discussed in the previous section to illustrate a process of choice through use. How for example have I decided which theory or theories of metaphor to use in my research? Each theory can be regarded as a metaphor of metaphor: as substitution, comparison, interaction, as usurper or plot, for example. I have taken the view that they each have their uses but that (like Black) some theories are more suitable for certain metaphors than others. Where I have been able to judge their value, though, is in doing something with them - seeing how some of their ideas in particular work in considering multiple metaphors.

So it may be in considering the value of metaphors in organisation theory: those which are sufficiently coherent and understood yet have the flexibility to be adapted to other areas may be the most valuable. Alternatively, it may be that it is the process of metaphor creation and alteration in which insight is gained.

Gentner(1982) suggests this in talking about the development of scientific analogy. Therefore those metaphors (from rich, familiar domains, perhaps) which readily prompt others, as well as offering rich interpretation, will tend to be useful.

There are several indications, then, of the value of a certain metaphor lying in its potential for more insights, expansion, development. To this I would add not just the development of refinement, but the triggering of further metaphors, the developmental process as Hoffman(1985) has suggested being perhaps more important than considering the value of a single explicit metaphor. There is a sense though in which a metaphor never stands complete and alone, available to the critical gaze, just because of the openness which Boyd(1979) described or the continued potential for more insights which Black conveyed when he emphasised that metaphor could not have a literal paraphrase (though some writers, in particular Davidson, dispute this view). Metaphors do not have hard edges. And in my view insights come not just from the development and application of a single metaphor but how it relates to other metaphors, in the ways I describe in Chapter 10. What in essence I am saying is suggesting is that it is not only the interaction in a single metaphor, and its development and interpretation, but interaction and movement between metaphors which is valuable. So perhaps any metaphor may be "good" as it is used as a foil for, or to develop, other metaphors.

CHAPTER 5

METHODOLOGY

INTRODUCTION

In Chapter 1 I have described the context of the research. In Chapter 2 I introduced theories of metaphor, in Chapter 3 uses of metaphor, and in Chapter 4 models of organisation: ideas which together have framed my thinking. I now want to discuss my methodology and include a critique of the methods applied, before I go on to the research results in following chapters. I think it would be possible to write an entire thesis on how I undertook the research, but space allows only an overview and highlighting of what I consider as key aspects such as my own attitude, and trustworthiness of the research. I first discuss the methodology underlying the research: in essence, the naturalistic approach, and also how my own attitude developed. Next, I outline my research process and discuss aspects of the methods used. Finally, I discuss briefly how trustworthy the research might be.

THE NATURALIST APPROACH

This research has not followed the traditional, positivist, "objective" approach but rather the newer naturalistic approach:

doing research from where people are and seeing and understanding their world in the terms they describe.

One source of this thinking is "grounded theory" as described by Glaser and Strauss (1967), the basis of which is to allow theory about social processes to emerge as the research progresses. Therefore, in the research described here, aimed at understanding what is happening in the organisation, and how to describe it, I decided at an early stage that it was important to go into the detail of what people actually say, and surmise what might be happening from this data.

Guba (1985) gives a clear comparison between the old (positivist) and new (naturalist) approaches, shown here in Table 1.

TABLE 1: COMPARISON OF POSITIVIST AND NATURALIST AXIOMS (SOURCE - GUBA (1985) P.87)

AXIOMS ABOUT	POSITIVIST PARADIGM	NATURALIST PARADIGM
Ontology: nature of reality	Single, tangible, fragmentable convergent	Multiple, constructed holistic, divergent
Objectivity: the inquirer respondent relationship	independent	interrelated
Purpose: generalisation	context and time-free generalisation focus on similarities	context and time-bound working hypotheses: ideographic statements (in terms of the particulars of the case): focus on differences as much as similarities
Explanation: causality	real causes, temporally or simultaneous	interactive mutual shapers (feedback and feedforward)
Axiology: the role of values	value-free	value-bound

In Chapter 1 I described the organisation in some detail, and both later in this chapter and in the discussion of the case studies in Chapters 7,8 and 9 I have included more detail of the context of data collection. The reasons for this are also integral to the naturalist approach. As Lincoln and Guba (1985) state "...the research interactions should take place with the entity-in-context for fullest understanding"(p.39).

I want to comment specifically on the importance of context when identifying spoken metaphors. Black recognised the importance of context to understand metaphor when he adjusted his earlier(1962) description of "systems of associated commonplaces" to his term "implication complex". It is not just the generally held beliefs about a term of the metaphor which influence its interpretation but those introduced by the metaphor producer. Kittay(1987) explains this as the rich contextual environment (linguistic or situational) supplementing or overriding background assumptions of associated commonplaces. A simple example of this from my data was Susan saying elderly people were like children. This could evoke connotations of lack of physical control, behavioral problems, innocence etc but the context (talking about dependency of elderly people in hospital and the risk in early discharge) made it clear that her central intended point was the similarity in how fast they can become seriously ill.

Mooij (1976) also emphasises the importance of context in deciding whether words are being used metaphorically: it helps to decide meanings and to interpret original and creative metaphors.

Burbules, Schraw and Trathen(1989) suggest that context can restrict our search through semantic domains or guide when to cease the process of interpretation. Vosniadou(1989) assumes context to be the common ground held between speaker and listener: physical situation, previous linguistic communication, common experiences or culturally shared knowledge. To me, it also includes beliefs about each other, which may not necessarily be shared. In my research, context has included physical context (whether the interviewer breezed in, for example, or slouched and yawned) insofar as I can recall it. I do remember for example, Mr Rutt sitting back and yawning during the surgeons' Team meeting which I felt indicated that he wanted no part of this trivia. An advantage of my using taped data in Case study 3 is that it gives a good idea of the mood of the speaker, and listening to the voice helped me to recall the physical context.

Part of the context, and one which is not always recognised in the literature on metaphor, is the intention of the speaker. What the metaphor says is bound up with what the speaker intended it to say and why he was using it in that situation. One example is the adversarial intentions and public display intentions of Council meetings in the Weston House case study, which provided clear reasons for choosing particularly vivid metaphors. More generally,

if the speakers' aims are those I discussed in Chapter 3, they will choose metaphors to meet those aims.

My arguments have so far emphasised the importance of context in my interpretation of data. However, there are arguments which support using material which has less contextual information. The essential point suggested here is that many metaphors have some relevance and meaning independent of context. The argument appears to me to parallel that of New Literary Criticism (see for example Culler(1981)) where a literary passage is treated as independent and self-contained. Turner(1987), for example, argued that some analysis of decontextualised metaphors could take place, in his extensive review of kinship metaphors. Talking more generally about symbols, Wheelwright(1962) suggested that they could be "archetypal" in the sense of tending to have a fairly similar significance for all or a large portion of mankind, by implication largely independent of context. So another aspect or degree of metaphor may be how 'local' it is, or how particularised to the occasion and setting its interpretation must be.

In my own research, the major findings are drawn from data set in their displayed context, and I have taken context to be important to the choice of metaphor(e.g Mr Rutt's "pressure cooker" when angry with my proposals for setting objectives). However, I have backed up those findings with some supportive data for which the context is not particularised. For example, I would take the phrase "the issue has resurfaced" to support my suggested alignment of the logger

model to managers' own thinking. This is a common phrase though not drawn from a particular context; often these are ad hoc comments (which I could term "corridor comments"). Secondly, in developing the logger model, I have used "miscellaneous" data, picked up during my planning work, the context for which I am only able to outline very briefly in Chapter 1. I have also supported the case study findings with selections of studies or literature from medical settings. Of necessity my account of the context of these has been limited. Nonetheless I regard these snatches and snapshots as helpful supplementary information, to throw more light on the perspectives I am considering.

Harre (1985) talks of constructing a template from which comes the product or action, and all managers individually do this kind of construction. It is this thinking, this process of meaning and understanding which I am exploring via the use of metaphor at the individual level in order to describe what is going on within what is known as the organisation. Hence I have used the approach of immersion in what managers do in their interactions not only with me but with each other, to explore those domains and to understand what is happening, how people define their situation, what may lie behind what people say, and how they choose to construct what they say in the terms they use.

These processes of construction, of structures and of meaning, which come out of the dialogue with individual managers, lie behind my own attempts here to structure what is going on by means of a

new model, and to examine what participants say about the world around them,through the metaphors they use. These ideas within the naturalistic paradigm, in particular those of context, of dialogue and of meanings, have formed a framework for my own thinking, but my acceptance of such ideas has been gradual, as I now discuss.

HOW MY APPROACH DEVELOPED

My approach to the naturalist methodology

Before embarking on the District Project, from which came the data for Case Study 1 in Outpatients, my experience had been in quantitative studies and methodology. I saw this new research as a way to complement that experience. I had already felt quantitative research did not go far enough, where I had seen the results of previous Operational Research studies being used, or not being used, and began to consider why. For example, where studies reported in favour of the view of the study commissioner, they might be accepted without question, whereas when recommendations of these studies went against the view, there was much questioning of assumptions. I realised that the quantitative studies did not explain these kinds of events in the organisation, but without knowing what could. However, I was not then aware of the "naturalist approach" to inquiry, and management consultancy seemed to me largely about finance, structure, investment analysis and measuring performance quantitatively.

All this meant that it took me some time to adjust to a new way of thinking about situations though this seemed to be necessary to do this research. There was a credibility hurdle of my own to get over. At the start of Case Study 1 for example, I was talking about surveys and systems, using the language of quantitative research, but I did find a simple survey helpful to gain credibility with local managers. I thought that: if I, becoming steeped in this kind of research, had trouble convincing myself it was worthwhile, how could I convince other managers totally new to these methods. I met questions such as: what is going to come out of all this? - I had to try and find ways of describing what I was doing, in ways which managers could appreciate, and thus was forced to think hard about what I was doing and what it could mean.

Immersion

I also want to consider explicitly the effect on the conduct of the research of my dual role as researcher and Planning Officer in the Health Authority. After my operational research experience, I wanted to be closer to general management and closer to practical implementation of plans. My prime concern, then, was to get this experience, as well as doing an interesting piece of research. These dual aims led to conflicting priorities on my time. It was up to me, I felt, to generate momentum or pressure on the research side, whereas on the planning side pressure would come from my colleagues. Such factors tended to weigh against the research, and in particular the time given to data collection. So these were some

disadvantages of being a researcher within the organisation, employed by the organisation, and having an "ordinary" job within it.

On the other hand, this position conferred advantages. It enabled me to be immersed in what was going on. I had some knowledge of the main areas of concern at any one time; I had a variety of views expressed to me by many different colleagues on different topics; I saw people behaving in different settings over a period of time and I began to understand what it was like working in the environment. On the planning projects in which I was directly involved, I knew as much as anyone what was happening (with my particular view of events). When people talked to me about what was happening, I had some knowledge of what might underlie what they were saying and some idea of the "baggage" they might bring to what they were saying and doing. I could talk to them in their own terms - as one of the team, and the data was drawn out of these living relationships. I did not need any separate period of orientation or overview. An example of a similar situation of immersion is given by Van Maanen(1982) in a detailed account of his ethnographic study of Police in the U.S., where he often acted as one of the Police although, unlike me, even he was a fieldworker rather than an employee.

The Steering Group for the District Project gave legitimacy to my work, derived from the position of Hugh the District General Manager as Chairman, and Unit managers on the group gave me a "way

in" to work in their Units as gatekeepers. This influenced the District Project; whilst providing a way in, it also gave me an appearance of bias as a "District Officer" rather than being perceived as an "independent researcher". The latter idea would have been misleading anyway though: as Tandon (1981) points out: "to the extent that there is impact on people, value neutrality of the researcher is a myth" (p 300).

Ethics

My own recognition that in the research I was not an independent, objective, observing machine but a researcher with my own perceptions and prejudices led to self-imposed concern about the ethics of the work I was doing. Taylor and Bogdan(1984) suggest that "there are serious ethical questions raised by covert research" (p 28). The District Project could be regarded as overt research, but some data was collected of which the subjects were not aware eg data from observation of clinics. With Weston House, participants were not aware that I was collecting research data specifically on that project. But well after the events I did approach some managers for their reaction to my proposed use of the data in research. In the geriatric services case study, I explained that the tapes would be used for my own research, but did not discuss the extraction of metaphors with participants, partly because this analysis took place much later. I was also a participant, so I recognised that I had some personal commitment to whatever went on.

According to Taylor and Bogdan, some argue that undercover research jeopardises the goodwill of potential research subjects, others believe that the knowledge gained through research justifies covert observation and other practices. There seem therefore to be multiple responsibilities of a researcher, and no ideal way through. I handled the dilemma by checking back interview data with interviewees, by coding places and individuals as far as possible, and by avoiding discussion of data about individuals except with Steering Group members. Even then I was careful. On one occasion I remember Hugh was annoyed when I refused to discuss details of a conversation with Mr Hobson. In spite of these measures, I still have personal concerns on covert observation.

My Emerging Intentions

In this research I began to look for some insights into what was going on in the organisation. Equally important, given the various views colleagues expressed to me, was to find ways of describing what seemed to be happening in terms which made sense. I also wanted the research to have sufficient credibility for others to feel they could draw from it, or build on it as an addition to understanding of how part of the Health Service works.

In the District Project, I was looking not just for insights but also some actions to help the management process and managers to understand what they were doing, and what they wanted to do. In Case Study 2 my aim was to help get Weston House through the Planning

process and, as a central figure, I wanted the data to help me understand the complexities of what went on. My thoughts on research methods were also just beginning. I started on the basis that I would have interviews and/or discussions with people in the organisation, and would collect data from them. From that point, my methods diverged for each case study.

So, as the research commenced, I had not formulated detailed hypotheses for investigation, or a specific research question, but I was already aware of the need for multiple, divergent views as in the naturalist axioms above. It was during successive stages of analysing data and assessing results that the direction of the research changed, eventually as recorded here helping understand about metaphors and models as much as about the working of the DHA. Similarly Lincoln and Guba(1985) refer to emerging design as to be expected, when engaging in naturalist inquiry.

THE RESEARCH DATA

Selection of the case studies

My original intention was to use only data from the District Project. However, this took time to set up and was unclear. I then began to collect data from the rest of my planning work, in case the District Project did not, in the end, yield sufficient data. So I did not consciously select case studies but rather kept working until reaching a point where I felt the data collection was

reasonably full, and the cases reasonably self-contained. Thus, Case Study 1, the outpatient work, was intensive over a period of about 4 months in an identifiable part of the organisation, and Case Study 2, Weston House, was a particular planning project in which I was heavily involved over about 6 months of data collection. I was also collecting data from miscellaneous planning projects in which I was involved, to act as supplementary data. Although I first considered Case study 3 data to be supplementary, I chose in the event to use the Case study 3 data for part of the analysis: the investigation of metaphors spoken by participants. This was a series of interviews and group discussions over a period of about 3 months.

Differences between the case studies

I felt that differences between the Case Studies described here could help draw out insights on how the organisation worked. In this, I was influenced by Faulkner(1982) and the idea of the triad or multiples in data collection, both to help support findings from one area or Case Study but also to expand the kind of findings that could emerge and provide each a richer context for the other, backed also by other planning work data.

For example, I felt with the outpatient study that I was looking at an identified part of the organisation - a part where the various staff members related to each other mostly on a day to day basis, and where I was to come in, and be immersed as far as I could. The Weston House study, in contrast, was about major change, development

of the project and recording activities and events concerned with that project over several months, where I was a full participant. The geriatric services study was, however, set up as a research project, using a framework provided by my early logger model thinking, namely the development of issues and seeing how people worked, briefly, with them.

Whereas the outpatient data was collected solely from front line managers and staff, the Weston House data was drawn from people at the top of the District organisation, as well as some middle managers, planners and indeed people outside the organisation. In the geriatric case study I worked with a mixture of care professionals and managers, so this data was to be particularly helpful in comparing viewpoints from the vocabulary used.

Data collection

I was not an outsider; although this was my first post at District level, I had experience at other levels in the NHS. I was therefore interested from a personal point of view, already, in how a District Health Authority might operate in a different way from, for example, a Regional Health Authority. It also meant I was collecting data from people I had previously known, as well as people I was meeting for the first time.

My main strand of data collection was in the District project. For the first feasibility phase of the District Project(data I have

not used here) I gave loosely structured interviews with a number of managers, just getting them to talk about what seemed important to them. From this I began to draw out some themes. This early stage helped me develop my views on the naturalist paradigm and how to tackle the second phase of the District Project.

The second phase of the District Project formed the outpatient data used here as Case Study 1. It also included interviewing, based on what the interviewee would like to see in their service and what they felt could be better in their service. I was trying to get people to talk about what they felt was good or not good about the service, in a non-threatening way, so I used the question: " What difficulties do we have in giving a good outpatient service", also by use of the word "we", trying to identify myself with any problems they raised as suggested by Taylor and Bogdan (1984).

When I was interviewing, I looked for techniques, which could be interesting for the people involved, and help to give the impression of outside expertise which could make them receptive to what I was doing, without being too complex. So, I used mapping to reconstruct notes, discussing issues and concepts with other people based around what they had said, and comparing what different people had told me. I drew on Eden, Jones and Sims(1983), but my maps were no more detailed than labels being given to concepts or issues being discussed, and using a straight line link between concepts signifying some association, or an arrow signifying that the interviewee had implied or was implying some sequencing.

My approach in the first case study also included unstructured conversation with other people in the outpatient department, and observation over different half days of outpatient clinics, where I made notes on what seemed to be happening, or was said between staff. As an unobtrusive observer in one corner of the clinic office, wearing a white coat, I appeared as a member of the clinic staff. I did not check back these notes from clinics, however, with outpatient staff, because Sister suggested that people would be worried by my having this information. Nevertheless I felt they were useful impressions. At this time, meanings were beginning to be constructed for me as I observed and talked to people, eg the consultant saying the patient name as he enters the examination room, was, I began to realise, a way of checking the identity of the patient and not just a courtesy. During this time I also arranged for a questionnaire to be sent to OPD staff. This was not for the overt aims of the research, but to gain me credibility and provide some early tangible output.

I managed data collection during the Weston House project by making extensive notes during meetings in which I was a not too active participant, or by writing up notes in the evening otherwise. By these methods I could also record data from my normal planning work on other development projects, involving a number of managers or professionals getting together. I also recorded some one to one encounters on miscellaneous subject areas.

In the geriatric services study, which was the third phase of the District Project, I had a more tightly controlled method, with taped interviews with eight managers of different backgrounds. I set up this stage using some of the ideas coming from previous project work; in particular, I had thought about how some managers including myself saw what went on in terms of what happened to issues, and I used a framework of identifying issues and discussing how to move them forward, as an approach to this stage. This was a use of my early thoughts on developing the logger model of Chapter 6. To supplement the description in Chapter 1, I need to add that I drew up maps for each participant based on their interview and checked back what they said. Prior to the group discussions, they were each shown three other maps and I asked them to circle those topics on any map which they felt could be worked on now. The discussion then ranged around a few issues they felt were most important, and I mapped their ideas around those issues on a flipchart, while a largely free-ranging discussion went on, asking questions: what would need to be done in order to work on the issue, by whom, and what would be the effect?

Reviewing the data

First I read the outpatient data thoroughly, to feel the amount and level of detail, looking out for what seemed interesting or surprising, keeping an eye open for recurring themes, but not looking to record anything at this stage. I could have restricted data to the interviews just as vignettes, different perspectives of

the different managers, but I wanted to record my own observations too and use these, remembering that some observations had yielded unexpected events and sayings. Also, I felt it was important to include data from the odd phone call and meeting, perhaps especially where this was outside an interview ie without restriction of time and where people could ramble. Although the interviews were largely unstructured these were to some extent a 'taking aside', from day to day events.

I decided to include all the outpatient data to use as rich a picture as I could. But in the analysis I discarded some data because it arose from questions which now appeared to be leading eg "What problems.....", where the answer came in terms of problems.

The analysis for the Weston House case study proceeded in a different way. My raw data consisted of very detailed notes of some meetings, less detailed notes of others, a note of the sequence of events, and papers of correspondence and formal (official) notes of meetings, and notes of occasional conversations. I felt these sources could yield a good deal of information and insight, because I had been involved closely and continuously for about 6 months; it was also a case study in which I had great interest - it seemed an exciting saga, partly because of its high profile. I felt the data should yield insight into the sequence and influences involved in events, in particular some understanding of the dynamics involved.

My first step was to construct from the raw data, a "thick description" or a detailed story or narrative of the events. Lincoln and Guba (1985), referring also to Geertz, suggest a "case study report" which provides a "thick description": a holistic and lifelike description like those the readers normally encounter in their experiencing of the world. My aim was to make this description as clear and full as possible, to give sufficient context, such that someone coming to the description from outside could make sense of the story. Another aim was to give enough of my own thoughts and feelings during the process to keep the description alive. Because of space restrictions, I include only an extract from my "thick description" in Appendix C, but I have also given a narrative of events in Chapter 1.

From this point, my analysis took place in two stages: firstly towards constructing a new model and secondly a detailed analysis of spoken metaphors.

CONSTRUCTING A NEW MODEL

Identifying concepts

For this first wave of analysis, from which I constructed the logger model, I used data only from Case studies 1 and 2 and subsequently some miscellaneous data. Case study 3 I kept in reserve.

Themes or "concepts" emerged from the data. These were broad, crude headings, and were reshaped, altered, expanded, revised, as I went repeatedly through the data. I felt that it was the data that was defining what the concepts were, by saying things about the concepts, and that I was using headings as labels around which could be associated various items of data.

I put the outpatient data into categories on the basis of an obvious interpretation. This meant that not all possible data that could fit into say a 'Power' category may have been picked up by me under that heading. I made obvious use of such a concept, sufficiently to consider whether it was plausible to include that concept in a new model and to give me an outline of what it would mean.

I found each item of data might go into several categories, and not just one. This is different from Lincoln and Guba who suggest data categories will be disjointed. But I felt this multiple categorisation added to the richness of understanding and of what the concepts meant in terms of the data rather than my preconceived notion of what the headings meant.

Some of my concepts changed: for example I had an early concept of rules; I had read the Marsh, Rosser and Harre (1978) work "Rules of Disorder", so was ready to think about what rules might apply to the outpatients situation. I later omitted this concept from my

final model because, to me, it did not seem that NHS managers thought in terms of rules or could relate well to that idea.

I regarded these concepts as building blocks to help construct a new model rather than saying that each concept, eg Rules was in itself a model.

In the Weston House case study, I particularly wanted to draw out some insight into the dynamic processes, of the kind developed by Hickson, Butler, Cray, Mallory and Wilson(1986). I was already becoming interested in tracing through issues, how they became prominent and developed, as this theme had arisen at an early stage in the District Project. I knew of some work on escalating commitment to issues by Staw(1976),Staw and Fox(1977), Staw and Ross(1978), Schwenk(1986) and Whyte(1986). I could recognise this work as similar to activities and thoughts I had encountered in my job. I therefore decided to look out particularly for issues being raised, at what happened to them and where they appeared to come from, as a basis for analysis as I went through the data.

I used the thick description as a basis for analysis by making extensive marginal notes, on what seemed to be going on, on recurring themes, and on happenings that I recognised from elsewhere. In doing this, I tried not to be too constrained by the concepts which had emerged from the outpatient case study. In order to help this I stopped work on the outpatient case study at the stage where concepts had been identified and raw data assigned

to these and had a break of a few weeks. This gap in time helped to ensure firstly that an outsider coming to the narrative could make sense of it, and secondly that I was more open to new concepts. I was encouraged in this by finding that new themes seemed to emerge from the Weston House data, very early on in this analysis.

From that stage, the analysis proceeded much as with the outpatient study, coding the marginal notes according to themes or concepts and in drawing together the data items and associated marginal notes under concept headings.

In all this, I was "structuring the data" as described by Marshall (1981): providing some structure to make the interpretation manageable but not too much to restrict what could come out of the data and the detailed notes. Later in my day to day work in the Authority I came across new data: I could often see this in terms of my concepts, and found this encouraging, eg I noticed people nervous about change and detected powerlessness.

Building up a model from concepts

My approach in building up a model from what seemed to be suggested in the concepts, involved the following processes.

I used the data under each heading to construct what each concept might mean in the context of this case study, and the organisation, by looking at what the data said about the concept;

why it seemed to be linked to the concept; and what seemed to be going on around this concept, as indicated by the data.

At this stage, in Case Study 1, I had a mass of material in front of me. There were approaching 20 concepts, and the raw data was suggesting many characteristics around those concepts. One early aim was to try and make this material more manageable without losing its richness. I began to look at the links between concepts, by mapping them, starting from the data items which seemed to say something about more than one concept. These links began to give relationships between concepts: some seemed closer than others, and some seemed part of, or a more specific idea than, another. From this mapping emerged the possibility of combining several concepts to give perhaps four or five key concepts in the model. Another approach was to think about the main managers in relation to the concepts. One reason why I wanted to use a variety of methods to look at the concepts in order to stimulate or prompt my thinking about them, was to avoid the analysis becoming too mechanical.

From that point, the process in identifying an underlying metaphor which could relate my concepts together, and fit well with most, proceeded in stages over many months by trial and error, through which I considered models based on rules, on processes of decision-making, on further development of Allison's(1971) Model 3, on the "New Physics"eg chaos theory, on a cauldron, and finally produced the "logger" model which fits well with my main theme of issue development along action channels, and the uncertainty or

turbulence which managers experience. This model formed a basis against which to relate back my main concepts, adjusting their emphases where necessary, checking back to the raw data and developing them in terms of the overall metaphor. During this stage I brought in data collected from the miscellaneous planning work, tested that against my proposed new model, and found much of this additional data could be explained in terms of both the overall metaphor and the individual model concepts.

INVESTIGATING SPOKEN METAPHORS

Selection of Metaphors

The second wave of data analysis was to investigate what metaphors participants were using in speech and what led them to do this. In Meyer's(1984) terms, I was "unearthing metaphors of the field". I found I needed to use data also from Case Study 3 as I considered I had not collected sufficient verbatim data in the earlier Case studies. First, however, I analysed my data notes of Case studies 1 and 2. I included similes in this analysis, although these appeared to be fairly infrequent; in Chapter 2 I have discussed my reasons for including these.

How did I select metaphors from the data of Case studies 1 and 2, given the difficulty I have acknowledged in Chapter 2 in defining metaphor? I used a pragmatic rule at first, choosing those which I felt that most people would agree would be a metaphor. This selected

obvious ones e.g."this clinic is a sausage machine". They tended to be vivid, particular and at first glance isolated. They were "lively", using the live/dead distinction of Chapter 4. But I began to notice certain ideas cropping up, which were not at first obvious as metaphor. By taking the characterisation of metaphor as perspective, rather than incongruity say, according to my suggestions in Chapter 2, I was able to include these ideas even though the domains of vehicle and tenor could hardly be distinguished e.g. seeing Weston House as hospital, or health care as a range of services, both themes which I explore further in Chapter 11.

In Case study 1, I found I had a range of verbatim data from interviews and ad hoc conversations, which I could use. I structured this process by extracting and sometimes necessarily inferring the common tenors: the clinic world, doctor, nurse, patient, what was happening to patients, and what was done generally, and charted quoted metaphors against those tenors and the speakers. This process led to themes around those tenors and speakers and this is the way I have presented the analysis in Chapter 7.

In Case study 2, I arranged metaphors in the way they covered a few broad tenors e.g. what was said about the patients, what was said about Weston House. From this latter section came the theme of distinguishing ideas of home, hospital and community in relation to Weston House which I pursue in Chapter 11. I also picked out striking, vivid metaphors used in the Council debate over Weston

House, which had significant attractive or unattractive connotations and these are some of the most vivid from all my data, as Councillors emphasised points in a complex debate.

Analysis of Case study 3

Data from Case study 3 was extensive. After transcribing the tapes I searched for obvious metaphors and clustered these again by tenor. I wanted to retain the rich linguistic context, and so have presented the data in Chapter 9 by interviewee, drawing out the tenor themes in each conversation as it progressed. The main themes were: patients; what happens to patients; tenors of hospital, services and patient care; and, finally, what else happens in the organisation. Group discussions were even more complex and I am only able to give an outline in Chapter 9, because of space restrictions, but include the fuller analysis in Appendix D. Analysis of this case study raised some issues about metaphor, in addition to the difficulties in identifying metaphor, which I raised in Chapter 2. I now discuss some of these questions.

Methodological issues in the extraction of metaphors

Going through the uttered discourse in my data to look for metaphors, particularly Case study 3, appeared to throw up a number of difficulties in applying the literature about metaphor to this kind of research. Many metaphors in my data were hidden in verbs (e.g. 'send out' describing what happens to patients). This is

barely covered in the Literature; Cooper(1986) complained that Black used only simple A:B metaphors,for example. Thompson and Thompson(1987) in their opening pages acknowledge a similar difficulty: "most of the extra-literary discussions of metaphor have concentrated on everyday metaphors expressed in comparatively simple sentences ('Man is a wolf','The Chairman ploughed through the discussion')".

Because they are less obvious, I propose that such metaphors may be produced less deliberately and may give clearer indication of the speaker's underlying beliefs than noun metaphors. The latter may be as much products of what the speaker thinks the hearer wants to or ought to hear, or products of ideas which have been expressed to the speaker but which have not been absorbed or grasped, sufficiently to be the speaker's own beliefs. So verb metaphors may be particularly helpful in research, but they raise problems in interpretation.

An example of how verb metaphors may be interpreted is given by Paul Henle (1958) when he considers (p.176) the following:

"When by my solitary hearth I sit ,
and hateful thoughts enwrap my soul in gloom"(Keats).

He considers what noun metaphors may be implied by the verb enwrap, and concludes that "cloak" would be appropriate, but net or web would not. However, Beardsley (1962) criticised Henle for his interpretation which he says "imports an alien object" (of cloak). My own view is that a verb metaphor is likely to be appropriately interpreted by a noun as long as it is recognised that this is only

one interpretation; as soon as one interpretation as taken too seriously, it begins to restrict the openness and breadth of the metaphor's meaning.

In my data analysis, I have sought verb metaphors and used these as much as noun metaphors. In interpreting them to discover what these metaphors have been used to say about e.g. part of the organisation, or one professional discipline, I have inferred possible noun metaphors, recognising that other noun metaphors may be appropriate. For example, in a situation where a colleague is asked "Are you winning?" (a favourite phrase of the DGM during brief corridor encounters), either a game metaphor or a battle(war) metaphor may be inferred. In this instance I would argue the game metaphor is a more apprpriate inference because of the DGM's known preference for good news and language that indicates we managers are all constructively helping each other.

It also seems clear from the data that people think in mixed metaphors. These are mixed vehicle/source domains as well as mixed tenors/target domains. I prefer the phrase multiple metaphors as 'mixed' implies an inevitable clash. But I began to notice a gap in the Literature about how people think in, interpret, and use mixed metaphor. Instead, the Literature concentrates almost exclusively on single metaphors and their meaning and interpretation. So I began to be no longer aiming to find the 'best' metaphor for the organisation, and not just to consider how people deal with single metaphors in use, but to look at how multiple metaphors might relate

and what that might tell us about what is going on in the organisation, and I pursue this in Chapter 10.

In Chapter 3 I refer to the use of metaphor showing boldness. On tape, I noticed the more timid interviewees dropping their voices when they produced a metaphor, which did not make the data analysis any easier! Also they tended to use caveats e.g. "in a way" "as it were" or even "I use that word lightly", for example when Liz talked about St Peters being in competition with the District General Hospital (DGH).

Even amongst the bolder interviewees, metaphors were given as asides, as if unofficial, or perhaps at the end of an interview e.g. Dr Carter talked at the end about wanting to drive things as in an Alfa Romeo. It is partly this characteristic of use though which gives me confidence to suggest that these metaphors help to indicate the terms in which the interviewees think - their "perspectives" on their world.

Interpretation of Metaphors

My next step was to attempt to assess the meanings of these metaphors in context. This was not always straightforward and was dependent on my knowledge of the speaker, the immediate situation and their background situation (e.g. job problems) and my own views. In Case study 3 my prior knowledge of participants helped e.g. I knew Jim had started as a management services officer and so I was

not surprised at his using metaphors which colluded with the idea of management objectives. As I discussed in Chapter 2, there is no single right paraphrase, but we can provide a commentary on metaphors. I decided for clarity not to present alternative readings for the metaphors I discovered which would in any case still be dependent on my own background and perception.

In my analysis I was looking not only for similarities between tenor and vehicle, suggested by the main comparison theory, but the clashes - how certain connotations are thrown into relief and how one's perspective of the tenor may be changed by the connotations of tenor and vehicle working together using ideas of interaction theory. To do this, I treated tenor and vehicle as thoughts or ideas as did Richards(1936), and, with the metaphors I looked at in detail, considered what might be their semantic domains, the connotations in context and how those of the vehicle might influence those of the tenor. In the case study chapters I have dealt with the interpretation of one or two metaphors in depth to show examples of my process of thinking.

I also wanted to consider some implications of metaphors, particularly for patients, as a personal interest. This was partly prompted by my noticing at an early stage how frequently participants talked of "managing" patients or people at home, and reflecting that I would not like to be "managed" as a person. I also wanted to show something of what the data could tell us about the various participants and their viewpoints, and how these viewpoints

appeared to lead to certain conditions or behaviour. In this I concentrated primarily but not exclusively on the use of metaphor as making sense of their world rather than other uses such as using metaphors to predict, or for private therapeutic use, as I discussed in Chapter 3, but considering these other uses helped me to explore why the speaker might be choosing a particular metaphor in a particular situation: the speaker's intention as I discussed earlier. I was taking a view put forward for example by Miller and Fredericks(1990), that the metaphors used might be the data needed to articulate a view - an expression of a particular linguistic community, maybe to justify an ideology, and that if metaphorical statements are ordered into meaningful categories, these and their metaphorical content may be predictive of a particular ideology.

TRUSTWORTHINESS

Finally I want to discuss the reliability of the research; this is what Lincoln and Guba call "trustworthiness", which I prefer to the conventional term "validity". I am looking at this under five headings based on thoughts from Lincoln and Guba(1985) and Rowan and Reason(1981): awareness of my position relative to others; keeping the discovery process open; successive sweeps of the research; subjecting findings to local checks; and, wholeness.

Awareness of my own position relative to others

I have recorded how my approach to ideas of naturalist inquiry changed; this is an example of what Rowan and Reason see as the importance of self-development as a researcher. To me, awareness of those changes is important, to consider how my own bias and relations impact on the research. Of particular relevance are the different stances I took in the three case studies: as researcher/observer with an ambiguous position; as a planning officer participating fully; and as a researcher/facilitator actively controlling the research setting. It is not so much that the variety of roles should itself lend reliability, but that I have been able to set these roles in contrast to each other and consider how my findings may vary accordingly. For example, as an observer (a "fly on the wall" as one doctor put it) in outpatients I was taking in impressions passively, much was surprising and I had time to reflect why. In the Weston House study I was personally involved - a stakeholder - and took a clearly biassed role in the events. In the geriatric study I could sense my trying to steer others' thoughts towards certain intriguing issues eg the value of day hospitals, but felt I should try to avoid this, as a facilitator; the tapes gave the opportunity to examine language in detail afterwards and assess my input into the process.

It was also important for the fidelity of the research to build trust with participants. Lincoln and Guba describe prolonged

engagement as learning the "culture", or building trust. "One might suggest it is not possible to understand any phenomenon without reference to the context in which it is embedded." (p. 302). As an employee, I directly contributed to what was happening on Weston House; within outpatients I was more of an outsider but not a total "stranger", though my having the District post was held to have had some effect (confirmed to me by Mr Hobson) - the feeling that I could represent outside interference from "District" level. This was in itself a useful insight. I was nevertheless used to the Health Service, and did some background reading eg on urology, to gain credibility during my fieldwork by understanding more of the language of staff. In the geriatric services case study, I felt my spending time with individuals beforehand in interviews, showing I was interested in their own views, helped to build trust before I started any group discussions. But I found I had to guard against their relying on me for the outcomes; I wanted to try to sustain a position of encouraging them in their own thinking.

Keeping the discovery process open

It was important not to be tempted to achieve what Lincoln and Guba call "premature closure", in other words, fixing too soon on final findings. Rowan and Reason call the remedy to this: "the rigour...of discovery, of turning things over", not using an unstructured approach but one that deliberately opens up the area. Pym(1990) recommends attending to events which fail to elaborate a framework:

which appear peculiar, contradictory or nonsensical. This is all about keeping an open mind when beginning to work with possible findings. I have described the extended process of obtaining emerging concepts for the new model. The period of extracting and interpreting spoken metaphors was not so prolonged but sufficiently distanced from development of the logger model, I feel, to be reasonably independent of those earlier findings. So my period of discovery was an extended one, and aided by multiple passes at data analysis.

Successive sweeps of the research

As well as multiple passes at data analysis, I had used multiple methods of data collection which I have described. Silverman(1985) suggests that "generating data in multiple ways...can serve as an assembly of reminders about the situated character of action"(p.105). Rowan and Reason consider a circular process of moving around the research is important; this I think is a similar point of trying different approaches: of comparison and contrast as findings emerge. For example I could regard Case study 3 as a trial with colleagues of early logger model thinking as well as a new setting for data collection.

Subjecting the findings to local checks

My openness to what appears odd or surprising before putting firm interpretations on any, was hampered by pressure from the District

Project Steering Group to produce coherent reports following each case study. I had, personally, to treat these findings as tentative, and open to change.

Steering Group members discussed my report from the Outpatients work and gave comments such as "I think we somehow knew this all along but it is very useful to have it written down", or "It sounds familiar". During my outpatient research, I tried out some notions, eg the surgical team of consultants all nodded when I suggested that "keeping up the momentum of a clinic" seemed important to them. The Clinical Director read the report and said that it all sounded familiar to him. In the geriatric services case study, Dr Carter said that he could "relate to" a model I had mapped out for a discussion with Jim and himself, a model based on issues and what a manager can do with them, using early logger model thinking, although he may have had a variety of reasons for welcoming this as I suggest in Chapter 10. On Weston House, little checking back at the time occurred with participants except I had many ad hoc conversations with Norman my Planning colleague.

I now regard these as "occasional" or "ad hoc" checks - valuable because they occurred at the time and with participants or close colleagues. I also had regular conversations with the Director of the Research Programme who worked for the Regional Health Authority, who commented on concepts I had raised, and suggested other instances of their operation which he perceived. At the same time I had discussions with my supervisors at the University of Bath,

who indicated where my interpretations seemed to relate to their other experiences of health service situations. These checks suggested that my interpretation of the research situation was credible - the practical criterion for me being that what I suggested "rang bells" or recognition in the minds of people who were or had been involved.

Wholeness

I want to suggest another aspect of credibility which is wholeness. This is not completeness, as no theory or model will ever be a complete representation of the context, situation or organisation. What I am striving for here is a wholeness which could equate to having enough pieces of a jigsaw puzzle in order to be able to suggest the picture, and to gauge whether extra pieces belong to the same picture. In this research I was encouraged by finding that even part way through the Weston House analysis, I felt I could rewrite the thick description in terms of the model concepts I had already identified. The concepts themselves were refined as more data was used: an example of my openness to the data. So I tended towards a many-concept model giving a richness of explanation, but with an underlying metaphor which gave coherence to the model.

In the research I see wholeness at other levels. Apart from wholeness within the logger model, I see a coherence and a resonance between my experimental process of trying out concepts and underlying metaphors for the model concepts, the process of

interaction in interpreting a single metaphor, and the widespread continuous working of people with multiple metaphors which collude and collide, which I describe in Chapter 10 and which I have to leave open as far as choosing a "best" metaphor is concerned (see Chapter 3); to me, it is the process, the dynamic relations between metaphors in the organisation: how they are used as well as why they are used(Chapter 3), which provides a coherent view.

CHAPTER 6

A NEW MODEL OF ORGANISATION: THE LOGGER MODEL

INTRODUCTION

Using data from my first two case studies, and other "miscellaneous" data, I have developed a new model of the organisation which I now describe. In doing so I am demonstrating what I mean by explicating a metaphor to describe a model, and hence the relationship between metaphors and models according to my terminology in Chapter 2. It is important to recognise that the metaphor came after identifying the individual model concepts in my research process described in Chapter 5, but is now explicated as a coherent model to incorporate the concepts in the terms of the metaphor as a perspective. In doing so, some concepts became emphasised, and others seemed less relevant. I draw on selected data in my description, and structure this under the following headings:-

OVERVIEW:The Organisation as a Mountain River

BASIC ELEMENTS OF THE MODEL:Managers as Loggers on rafts, Issues as logs Floating Downstream

THE CORE THEME:Issues Progressing Along Action Channels

WHAT MANAGERS DO WITH ISSUES:Latching,Push-Pull,Hooking

WHAT DETERMINES WHAT MANAGERS DO:Interests,Shared images,Power

WHAT HAPPENS:How What Managers do affects Issues developing along Action Channels

OVERVIEW: THE ORGANISATION AS A MOUNTAIN RIVER

Underlying the model concepts runs the metaphor of a mountain river, flowing through dark forests. What goes on in the river represents what goes on in the organisation; from the river bank people look on, eg the public, media, although they do not see very clearly. In the forests lie activities of other organisations and other parts of the NHS; those on the river cannot see these but experience effects as trees or rocks hurtle unexpectedly into the river, giving the impression of powerful forces working in the forest depths. This river twists and turns, has unexpected channels and tributaries, rocks and debris, rapids, white water, whirlpools and also areas of relative calm. At times the river will be in spate, and swollen, eg during times of reorganisation where there is more turbulence and the river rushes on more quickly. At all times mist and spray tends to obscure the vision, though glimpses of what is going on along the river can be seen. Currents tend to hurry along or hold back what moves along the river. There is turbulence and unpredictability; what lies round the next bend cannot be foreseen. Rocks lurk beneath the surface.

On the river managers are loggers. Each travels on his own raft which holds what is seen to be his and which he can draw on in his

work. This includes basic provisions of resources, skills and knowledge.

The logs which represent the loggers' livelihoods are the issues with which managers work in the organisation. These logs float downstream past loggers. They are valuable to a logger for their potential in giving products to build up his raft.

Logs move along, sometimes rapidly, sometimes slowly, sometimes stuck and getting submerged from time to time. From his raft, a logger can manoeuvre logs: latching them onto his own raft, or avoiding them; pulling them towards another raft belonging to another logger or pushing another raft away, and hooking or unhooking them onto other logs. In an area of great turbulence (rapids), loggers are concentrating on keeping afloat and keeping moving with the current. Loggers who are powerful in certain areas of the river can create channels through which they guide the logs. Logs are of different types and sizes; some appear to be worth more than others, though loggers will have different perceptions of their value to them.

Logs may become submerged or may surface; they may be seen by certain loggers and hidden from others. But, where they move to the centre of the river (mainstream) and where they surface, they become prominent to general view. Sometimes logs appear to be stuck; they may need dislodging to get them on the move again. Some logs rot by the bank and disappear. In the river there are

whirlpools as well as rapids; logs may move around but not progress and logs can suddenly disappear and reappear in a different place. Beneath all this activity, the dark water rushes on inexorably despite the attempts of some loggers to stem the flow; events take place, loggers come and go, issues move on, move in and out of the mainstream, and so the organisation changes.

BASIC ELEMENTS OF THE MODEL

Managers as Loggers on rafts

Managers as loggers operate their own rafts independently, and do not always reveal to other loggers the content of their own rafts, nor the ways in which they would like to enhance them (their interests). As they operate independently, rafts tend to be at some distance from each other and it is not easy to sustain close working because of turbulence and uncertainty; hence there is separation between loggers. Nevertheless, some loggers may tend to operate in the same part of the river and to work alongside loggers with the same kind of raft and interests; those managers in a professional discipline tend to keep together.

Some rafts are more speedy, manoeuvrable or better equipped than others. But these characteristics, which confer power to the logger in his work, may be more useful in some parts of the river (contexts) than others. What is on the raft is the product of

years of other issues being worked on, including the "baggage" that any one manager brings with him to the organisation.

The logger's interests will normally lie not only in the survival of his raft, to keep himself afloat, but also in its enhancement, speed, manoeuvrability and aesthetics, all making up his raft and his own appearance to other loggers and those on the river bank (insofar as he is visible to them). His aim is to make use of certain kinds of wood resulting from logs(issues) to enhance his own raft. There will be some loggers however, who are only interested in keeping afloat, steering clear of new issues and, as far as possible, turbulent waters, having chosen to keep out of the mainstream; these may be managers who are near retirement, or about to change jobs or who are unable to cope with existing pressures and uncertainty.

Although loggers operate their rafts independently, they need other loggers to help steer prominent issues, passing these logs alongside them, showing their advantages and pulling other loggers towards them, or conversely, pushing them away. Thus, loggers do engage or interact and these interactions take place over one or many issues.

Some other loggers, with recognisably different rafts, are also operating on restricted parts of the river, having set off from shore. These are people who do not belong to the organisation

eg, in the Weston House case study, the neighbours. They work to steer particular issues in which they have an interest.

Issues as Logs

To me, issues represent what managers think they are giving attention to, or working on, at any one time, either by themselves, or with others. Issues can be viewed as if they had some kind of independent existence in the organisation for the purposes of my model, although they do not have meaning except in the context of what managers think about them, or do with them. In the outpatient case study, there is evidence that people do see things in terms of issues and problems; Mr Hobson told me that surgeons see things in terms of problems, and I return to this theme in Chapter 11 as a metaphor of patient care.

In the model, I regard issues as logs moving along the river, between loggers (managers) and steered by them. Issues can drift downstream unnoticed by some loggers, or be pushed against a logger's raft as he is concentrating on other issues, and so be forced to his attention. Each logger chooses to latch on his raft to some issues and avoid others. Issues may carry loggers along with them once they are latched on, and each logger is trying to steer along many issues at once, trying to keep control of them in the turbulence. Issues do not stay long within the control of just one logger but do progress downstream; attending to logs takes place in the water, on the move, amongst different loggers.

At any one time, a number of logs lie around a raft in the water, latched onto by this logger but also by other loggers. A logger may release an issue, unlatching it for others to drive or to let drift; he may latch onto it again once it has progressed.

Logs are of different types of wood, of different values to different loggers. Some are widely seen to be sound or rotten. Some issues drift aimlessly, not being grasped by anyone because they are thought worthless; rotten wood is avoided by all loggers. Issues which begin to drift can be overtaken by other more prominent issues which sweep them aside.

Logs may be hooked onto each other by loggers; these logs are then linked. The progress of a hooked on issue may be sped along, or conversely slowed down, or this issue may become more prominent as a result.

In the mist over the river, many logs are not clearly distinguishable, and may be jumbled with other logs. Loggers never see the whole of the log, as part is below the surface, but see more of it once they are latched on. It may be in a powerful logger's interests to drive forward an issue which is obscured, in order to reduce opposition which would result if the issue were clearer, and which other loggers would then block or avoid. This can happen early on in a time of major change, eg the introduction of general management, when managers were encouraged to promote the

principles of that change until it became clear that it might cause some managers to sink.

Each logger sees only a partial view of each issue, from his own raft. Thus, issues are perceived differently, as borne out by my findings in the Outpatient case study. The presence of medical secretaries in outpatient clinics was seen as essential by some doctors. Mr Rutt said:"she knows the patients", but Sister resented them: " We know more about diseases than they do."

Logs on the move can be manoeuvred; issues can take one of a number of possible courses. Some logs become stuck and are no longer manoeuvrable but may merely form blocks to the progress of other issues, being seen as fixed, eg I was shown by the clinicians that doctors' objectives were not an issue to be worked on now.

So, loggers change what they do, and move to where they would like to be, by using issues, working on them and selecting from them. Organisational change, and what goes on in an organisation, can be explained in these terms. Issues are here the material with which managers move and manoeuvre their positions, work out and promote interests, and in particular gain, or perhaps to decrease, power. They are the source of livelihood of the loggers.

The mixture of managers (loggers on rafts) and issues (logs) can be viewed in two ways. The first way, looking at the view from a

single logger of the river around him, I discuss now. The second way, is how logs move down river from logger's raft to logger's raft, which I discuss in the section on Issues Progressing.

A logger's view of issues moving along the river

If we consider the view from a logger, of logs coming down towards and floating past him, sometimes at speed, sometimes bunched in a log jam, each such logger is at any one time dealing with, attending to, holding and attempting to steer, or struggling with a number of issues and often finding this difficult. For example, the District Physiotherapist when trying to find an explanation for not having taken a more active part earlier in the move of the physiotherapy clinic in Easton, said, "It's all time, isn't it, you see."

Thus, each logger at any one time can see many logs around him; these are the issues of which he is aware and giving thought to, however minimal. But not all issues in his view would be actively worked on by him. He may pause to take a longer view upriver to assess what logs may be coming down towards him. Even if he does this, he may be unaware of some issues until they are almost on him.

Issues in the river around the logger continually change in prominence and relationship to each other. Some he is attracted to,

and would like to latch onto; by others he is repelled and would like to avoid them. Some come together, others appear far apart. Each issue may be being pulled towards him or away from him by other loggers as they want to increase or decrease his involvement. His raft has a limited capacity; as he chooses to latch onto new issues he may have to jettison others, to let them drift or push them towards other loggers, or hook them onto other logs already on the move elsewhere.

As an example of a log-jam of issues, while I was engaged in the outpatient case study, many other planning issues including relocating the physiotherapy clinic or handling the District Review preparation were in my view. At the same time, the issue of the Weston House property was lurking upriver temporarily hidden from view while another planner Norman scanned estate agents' literature.

Each logger can consciously watch out for issues which are likely to appear from upriver or unexpectedly from tributaries. Some issues may float past him as they move in action channels and impinge on the logger's view only briefly: this may be his only opportunity to latch on.

Issues may move downstream thick and fast. For example, during the Weston House saga a number of issues of contention were being raised in a short time. One issue about the amount of noise expected from forty to fifty people on the site was amongst several raised by two neighbours whom the Nurse Manager and I saw.

Some issues may be hidden behind others and not appear overtly in interactions but be nonetheless detected.

ISSUES PROGRESSING ALONG ACTION CHANNELS

This theme forms the core of the new model. I suggest that what managers do and what goes on in the organisation can be understood in terms of issues progressing along action channels. This section covers what I mean by issue progressing, what the boundaries of that are in terms of how issues appear and disappear, and explains what action channels are. This is followed by ideas on what loggers do to influence the progression of issues: latching, pushing/pulling and hooking. In the final section I look in more detail at three ways in which issues progress.

At its simplest, an issue moves along in this way: first emerging, coming into the stream as manoeuvrable, becoming prominent to some degree, changing in appearance as it jostles along an action channel and then disappearing, becoming submerged, fixed, stuck or it drifts along, becoming replaced by another issue. The shifting of rafts which goes on around issues, can in contrast cause areas of great activity or leave issues drifting where it may be in no one's interests to grasp them.

Issues progress, in that they appear or gradually emerge as manoeuvrable, they will have certain (to some degree, shared) meanings, they may grow in prominence or over time become less

prominent. They may change over time, and eventually they may become fixed or drift away, are suppressed, or submerged. All this happens as they move along the river, changing relationships with loggers and other issues as they pass along their individual action channels.

Issues appearing

Issues can suddenly force themselves to loggers' attention and may be suddenly raised as a crisis, threatening to overturn rafts when the image of powerful loggers is at stake, and when what were drifting issues need to be firmly attended to. An example was the low importance put on submitting Korner (statistics) reports during the first year of the new statistical system; it was only when a letter was received from a member of the NHS Management Board, that this became a high profile item brought to the attention of the DGM. Another example was a cottage on one of our hospital sites for which there was not a direct service use, and whose maintenance was neglected for years. It was just not a prominent issue to any manager high enough in the organisation, and only became prominent when a next door neighbour threatened to publicise what he saw as the neglect.

The source of an issue may be difficult to identify; it could come from uncharted waters. People have different descriptions of how an issue arose according to how far they wish to lay claim

themselves to their connection with its origin as an initiative, in their own interests, or to disclaim association, if it has a poor appearance. It may be difficult to go back much further than the stage at which a set of reasonably powerful loggers had grasped the issue, eg when I asked Don the Community Unit Operational Manager before he retired, about the development of services for mentally handicapped people (which had seen much change over the last ten years or so) he said that it started with a researcher who had an international reputation. "It was very exciting and we came in on the back of their research", he said.

Getting issues towards the mainstream may mean getting something on an agenda, talking about it in a one-one or group interaction, writing a paper on it, or building up messages about it to a variety of people already centrestream in order that one of these will take it up.

Issues coming and going

At any one time, the many issues in the river are at various stages of progress. They appear to come and go: to be on their way in or on their way out.

During the Weston House saga, there were issues coming and going all the time, with other issues being hidden below the surface. For example, we felt that neighbours were more concerned about the value of their property than about traffic implications, although

value of property was not mentioned. If we had raised the issue, it would have been seen as an attack on neighbours as mercenary. This was then an issue we had to avoid, to retain in the eyes of the public on the river bank our appearance as respectable loggers. At the Planning Committee meeting the Chairman determined and defined which issues could be kept out, eg the suitability of the building, or whether it was genuinely a planning matter to talk about who had the right to object. From time to time a new issue surfaced, eg the question of nursinghome regulations. There were examples of people creating uncertainty and mist around an issue, eg questioning whether Weston House had enough space for the Health Authority's purposes, in order to move the issue of benefit to patients out of the mainstream, and out of the dialogue.

People prefer to latch on to issues which appear new and clear. Issues which are drifting may be newly thrust into the mainstream, with an altered appearance, eg monitoring performance was given a new name such as "quality assurance": a recent fashionable phrase. It thereby appeared to others to come in as a new issue. In the Anton Hospice project, the business of producing a firm proposal from the Health Authority, packaged up in a glossy way, was an important stage in the whole process. This new initiative came from us as a focus or a package, with a clear image and with the Authority taking the initiative, clearly throwing its weight behind the progress of the proposals.

Issues were sometimes raised late, for example Dr Pamela raised an uncertainty about the type of patient who would go into Weston House. Such issues tended to be suppressed if they were seen to be raised too late, ie seen to interfere with the smooth passage of the main issue. This was 'an issue which had previously been regarded as fixed miles beforehand but had become dislodged.

Issues disappearing

Issues may disappear as a result of being overtaken by another issue, eg towards the end of my District Project, the work became replaced by a Leadership for Quality Initiative from Hugh the DGM, who said at my last Steering Group Meeting "this is all about leadership isn't it."

An issue may disappear or drift simply because it is in no one's interest to keep it going, eg the disappearance of statistics reporting when the manager who ran this, left the organisation. As an unattractive activity (with a poor shared image), it was abandoned. Similarly, geriatric services have been seen as unattractive amongst client groups, not taken up by powerful managers because of it being unglamorous (still associated with workhouses for example - see Chapter 9), and also difficult to progress - more difficult than mental handicap because of the numbers of patients involved.

Because loggers' rafts keep at a distance from each other, issues may surprisingly not be raised to groups of loggers at once. For example, clinical practice issues, such as "patients should be warned about having to come for sigmoidoscopy" (as Mr Cliff said to me) had clearly not been raised before in the surgeons group before I raised it as part of the outpatient project.

Action channels

The passage traced by an issue moves, at different rates, through groups of different rafts (and sometimes through one raft) at different stages in its development. There may be usual or accepted channels for an issue to follow, or a channel may be newly charted and the issue steered through by a sufficiently powerful manager. Such a move confers considerable influence over the progress of the issue, because other loggers can be chosen who will operate according to the logger's interests and it means the original logger also knows where information lies at any stage. These paths are action channels, as described by Allison(1971) in his Model 3, although he regarded them as regular or usual channels and not, as I do, also being specifically set up for individual issues.

Action channels are thus accepted sequences of loggers and groups of rafts through which issues pass. For example, Sister in outpatients went to the Clinical Director to deal with issues in the outpatient service which were to do with how his consultant

colleagues behaved. These channels are accepted in the sense of not being resisted; they may of course not be widely known.

Each issue has some unique characteristics and these can be used by loggers as reasons for diverting from usual action channels. For example, the Health Authority Chairman is not usually involved in decisions to purchase properties, but in the case of the Weston House, the risk involved in purchasing in advance of planning permission was the reason the DGM passed the issue on to him.

People who are generally on an accepted and regular action channel, will complain if they are by-passed. For example, the District physiotherapist complained that she was not on the project team to plan Weston House.

Issues do not usually change suddenly between groups of rafts in totally different areas of the river, eg a switch of an issue from two junior managers direct to the full Authority (unless a significant event intervenes - see later in this Chapter); therefore the action channel can be seen to have limits - as a bounded route within the river.

So an action channel is a structure within which action can take place and can be thought of as a channel within the river moving between different rafts, in a certain sequence, and along which an issue (log) or set of issues can travel. Depending on the direction an issue is taking through a channel, an issue goes into

another part of the river where different issues can be hooked on easily and different loggers latched on. There are many instances in the Weston House case study. For example, the issue of likely numbers of visitors to the site was steered towards and dealt with by Hospital Manager Susan undertaking a survey at St Peters Hospital.

It was important in the development of the Weston House project, to ensure action channels were known, and open. We tried to ensure we were aware of the action channels we should go through, eg aware of the timetable of the Council planning meetings. Awareness empowered; by informing (in a letter to the Press) the public at large of the deadline for objections, one next door neighbour was enabling others to pursue that channel. I tried to assure the vendor all was well; thus keeping the action channel open for purchase of the property. The leader of the Alliance group opened for us an action channel to lobby his members. He acted in this way as a gatekeeper looking after the channel to this group of rafts. Loggers can create action channels; if these are accepted then the way is clear on who should be involved when. An action channel may be created by precedent; because we had searched for other properties before Weston House, the first part of the process was well established. Action channels may be changed; there was a question of who did the later detailed planning on Weston House, whether me, a District planner or a Unit planner Norman, and this project became the first dealt with by the Unit planner as project manager. Action channels being blocked or closed by dams or rocks

give blocks and problems to issue development, for example, we had problems in reaching Councillors by 'phone, to brief them on Weston House. The idea of access is a key one here; for action channels to work, rafts must be able to reach each other, in order to progress issues. I noticed that it felt much easier for me to progress issues with the Community Unit than the Acute Unit because the Community Unit planner Norman, had an office opposite mine, whereas all my Acute Unit contacts were on other sites.

When managing projects, the power of the project manager lies largely in knowing the action channel to apply and leading issues with a group of loggers' rafts along those channels, perhaps also dealing personally with different groups of rafts at different stages and thus retaining power also through wider knowledge of the project than other loggers. It seemed to me that part of the powerlessness expressed by other loggers, in particular professional staff in peripheral hospitals, was their lack of knowledge of the regular action channels. There were things they wanted done or to do with others but did not know how.

The gatekeeper is an important feature in an action channel: a single logger controlling part of a channel through which the issue must pass in order for it to be progressed further, eg in my District Project, the work in outpatients had to be held up while the DGM got clearance from the Hospital Manager for me to do the work.

Such common phrases in the organisation as "getting a way in" or "clearing it with X", "running it past Group Y" all reflect the metaphor of an action channel.

Some action channels can be clearly seen along the river; others may be more murky. An example of a clear action channel is the regular one of GP to individual consultant communication when patients are referred - information is kept confidential to that channel and away from managers. However when starting a new project, it may be open for discussion (or open for choice by a powerful logger) what the project team membership may be.

Action channels are also bound up with the relationship of loggers, eg Mr Morris said a GP may just happen to meet an individual consultant and so next day refers a patient to him rather than another consultant. If loggers do not talk to each other they deal with issues separately, operating their rafts independently. Relying on one professional leader in a project team to share discussions automatically with his colleagues, can, from experience, be inadequate, when later these other colleagues begin to raise blocks.

WHAT MANAGERS DO WITH ISSUES

The means by which managers influence the progress of issues (influencing their transformation of appearance, their prominence

and manoeuvrability) is by working on the relationships between issues and between managers and issues.

I have separated these into three types: latching, whereby loggers associate themselves with issues of their choice, conversely they disassociate/ distance themselves; pushing-pulling, which is the way in which loggers influence the relationship of certain other loggers with issues, either pulling the issue in front of them, or pushing them away; and hooking, where loggers connect issues with other issues. Conversely, they may choose to separate them, arguing they are distinct.

Latching

First I consider how a logger latches on or avoids issues. In some cases, loggers latching themselves onto an issue was in my data in order to gain association with an attractive prestigious issue. Avoidance of an issue was generally avoidance of an unglamorous, dangerous, sensitive or no-go issue, or avoidance of hard and unpopular tasks, eg statistical work. So, nurses complained about coding exercises and surveys in which they had had to be involved, saying that it would take them away from what should be their professional role. They wanted to distance themselves from some organisational procedures, eg medical records issues, medical records being seen as a most unglamorous area. Medical secretaries wanted to keep away from filling in new Korner (statistics) forms. A medical secretary showed resistance to being

involved in my work, after all there was nothing in it for her. I myself wanted to steer my project work away from looking at the office arrangements. Clinicians tended to back off prominent management issues, using uncertainty of information as a reason for not going ahead.

In the Weston House project, one Authority member Mrs Swann tried to back away from the issue, by saying she was in a difficult position. I avoided the issues of size of building and relatives groups, by trying to sink them quickly with definitive information. One neighbour Mr Kibble admitted that he was "alert to such applications", ie he was waiting for such an issue to come floating by, and on which he could latch himself. When we tried to get up our own petition, it appeared that relatives were reluctant to sign; they avoided the issue of establishing a home, the reason being, I was told by Mick, that they felt guilty about putting their relative away.

On the other hand, I knew that I wanted to angle for work in Maternity Services if it came into the stream and I wanted to catch up on anything happening in Anton, eg the hospice with which I had so far little connection. The kind of rivalry of ownership between myself and Norman on planning projects meant we were each trying to latch on to what were useful experience projects as well as tangible developments.

The general impression I get is that many managers want to concentrate on new types of issue, and shift towards these; these may be the glamorous jobs for their own image building, and staff do seem to have a good deal of freedom to do as they like. They can manoeuvre themselves to control an issue and take responsibility, or get ahead of others involved in the issue, by for example collecting information, thus they can get themselves into a good position, ready for example to take on other closely related issues.

Loggers may not have much choice of which issues they take up or avoid. The above is about the exercise of choice insofar as some exists, and selection of issues is made in the logger's interests. Choice is restricted when other loggers on more powerful rafts push loggers towards issues or pull them away from them. Powerless loggers do not feel able to do this. I discuss the concept of power within this new model in the next main section. We have the idea already introduced of an logger having around him the ever changing view of logs of which he is aware. A logger will select from that part of the river around him the issues which he wants to latch onto and those which he wants to avoid, as they come floating past within his view.

Pushing/Pulling

Corresponding to the idea of a logger latching himself onto or avoiding an issue, a logger may also try to pull other loggers towards, or push them away from, an issue.

Examples of this were: people wanting to shift the work on my project, for example towards nursing support to doctors; a clinician wanting to shift nurse clinic work away from nurses themselves; the clinicians wanted to keep such things as outpatient environment and objective setting on to nurse managers to do rather than themselves; Sister wanted to shift the focus of nurses away from their own clinic to the whole outpatient department, to give her better control.

On the contentious major issue of Weston House, we were wanting by lobbying, to direct loggers' attention to the issues; and the DGM talked about neutralising one of our Authority Members, which would push her away from the issue, because of the damage she could do.

Pushing and pulling in respect of other loggers was partly in order to avoid getting involved oneself, and also to avoid the logger creating what would be seen as damage to the log. It is also, in my own experience, a means of retaining control and power over information on a particular issue, by not helping other people to get involved and hiding the issue from them. Conversely, if help

and "consultation" are needed, which may be even a formal process as part of an action channel, loggers can be brought into groups of rafts where an issue is moving around, and they may need to be pulled onto the issue by having it explained, or convincing them that it is in their interests to do so. For example, on the move of the physiotherapy clinic, the District physiotherapist had to undergo much persuasion in order to take an active part in the implementation, which otherwise by doing nothing, she was blocking.

Pulling may involve making other loggers aware of an issue or issues. For example, after we had rung round some Council members during the Weston House saga, Jim said "they have got to take notice as we have flagged up the issues." We were thus putting issues directly to the Councillors and by discussing them, moving the issues around in front of them to ensure they were pulled to the issues and made to give attention.

People also throw issues into the conversation in the hope a perceived powerful logger will take it up. Sister in Outpatients did this with me; asking if I would evaluate the post she had created of combined care assistant and receptionist. She also tried to force the issue of "breast clinic reorganisation" to the attention of the new consultant Mr Flood before he became aware of it having low prestige relative to other issues such as clinical directorates.

Pushing away may involve pronouncing on an issue as fixed, thus avoiding it becoming manoeuvred. For example, in the planning committee, discussing the Weston House application, the Chairman said people should not comment on who is entitled to object. This is a fixed, stuck and inaccessible log.

After the Council meetings I talked with my colleague Norman who was to take Weston House through detailed planning, we talked about changing the consulting room to be a bedroom. I said "It's not going to be easy" (ie to tell the professional staff) but "They have to be told that's the way it's going to be." I was trying to specify that the issue had become fixed.

Hooking

The third way by which loggers influence relationships in the new model is by hooking or unhooking, in other words, associating or dissociating one issue with another. In essence, the effect is to transform the shape or meaning and the appearance or shared image of the issue in order to influence its prominence or its move to a fixed state.

This was most noticeable to me in the attempts of others in outpatients to hook the District project on to what else was going on in the hospital, eg in order to gain resources of my time to help with the hospital Management Board work, or hooking it on to talking to the doctors about the next phase of development of the

hospital, which was described as a legitimate talking point with them.

Similarly, I was seen as a possible resource to do a survey, and a brief mention of possible survey work in my outline proposal was quickly seized as a hook on which an already thought-of survey on waiting times could be done. These shifts seemed partly in order to get an anchorage for the District project, hence I was not immediately opposed to them, as it would be easier to further the project if tacked on to a high profile and accepted piece of work.

There were other instances: Sister wanted to hook the business of getting more nursing time with patients, on to the imminent move of the outpatient department; to hook flexible use of a care assistant/receptionist on to the recruitment of a new staff member; to hook a change in booking arrangements on to the new information systems; to change reception arrangements on to the new outpatient design; and to link a staff upgrading to the transport lady leaving.

When I encountered resistance to the outpatient work from consultants, this was in part that they argued there was no manoeuvrable issue onto which I could hook it. They said they were not aware of any problems. Other issues were difficult to manoeuvre without being hooked to others. There were connections between issues within the Weston House study. These were complex: patterns of logs shifting with or against each other down river.

Attempts were made to hook the contentious issue of Weston House onto favourable issues already skimming along, eg the provision of a local service, by describing a similar home with little noise and traffic; we hooked it also on to clear and prominent items of news value, as advised by our Press Officer.

Related issues may be drawn into the mainstream and hooked on, or be unhooked and suppressed. These have a weighting, or an effect on the argument around the original issue, according to the power of the loggers behind them, and whether they are moveable or fixed. For example, we suppressed the idea of the restrictive covenant on Weston House, in effect unhooking it from the property issue, because, although it seemed to us unclear and therefore manoeuvrable, once it came into their view, the neighbours could fix it as a block across the action channel for progressing the project, ie that the Health Authority could not break a covenant. Another example was our statement that community care was Government policy, and therefore by implication forging ahead and that since Weston House was hooked onto or associated with this issue of community care, it should also forge ahead.

One means of unhooking issues is to promote one issue as fixed and non-negotiable, letting the other issue drift on. An instance of fixing (temporarily) an issue to let another move on was when I asked the Operational Manager Don what catering assumptions to make for the Weston House development. I said we would not have to be committed to his answer. He asked the Catering Manager and then

gave me a view. It became accepted policy; no one else would have challenged this assumption at this stage, because he had access to specialist knowledge and for many people it was an unknown area. It was not let open to challenge until much later in detailed project planning.

Other issues raised by neighbours during the Weston House saga, we attempted to suppress or fix. For example, we tried to sink the issue of numbers of visitors likely to come to the site by collecting survey information which showed low numbers. A further issue of the probable need to provide a fire escape was countered by us by advice from the Fire Officer: as an authoritative expert source, this gave added pressure sufficient to move it out as an issue.

Some examples display both pushing and unhooking or both hooking and pulling. Both will happen when an issue is associated closely with a logger, for example, my research project was closely associated with me.

WHAT BRINGS LOGGERS TO LATCH ON AND STEER ISSUES

Components of interests, shared images and power are part of how we understand what brings loggers to do things with certain issues rather than others. We can consider some of the examples of latching and hooking above, in which interests, shared images and power are apparent.

Loggers go through a process of aligning, to check the fit of what they want to gain for their raft (their interests) with their perception of what sort of logs are floating out there including their soundness or generally perceived shared image of worth. According to this fit, they choose which logs to bring with their raft or not.

Whether a logger is able to latch on with his raft to a particular issue depends on whether he is powerful enough, in the context of this issue and the loggers/rafts and currents through which this issue is moving. Power lies in the capability of his raft, and also determines how far loggers can avoid issues.

So, three concepts: interests, shared images and power, help to explain which loggers are latched onto which issues.

Interests

A manager's interests may lead him to promote to prominence certain issues and suppress others, and to wish to send issues in certain directions or to batter or reshape an issue in order to alter its shared meaning or, in particular, another logger's perception of it and to spend time himself on certain issues rather than others. Interests can derive from the logger's own wishes for emphasis in his work and what he wants on the raft which represents his livelihood, from what he has gleaned from past experience and many previous issues, including the "baggage" he brings to the situation

in which he finds himself. They can derive from the career path or image of himself he would like to pursue or create and his interests in a close area of ownership, eg his professional discipline, or, which area of the river he should like to end up in and which logs will suit his business.

On the Weston House issue my own personal interest was strong to get a practical result with visible success on a prestigious project; I also found the fact that it was a new area, and dealing with a mixture of people, rather than purely analytical or hypothetical studies was new and exciting to me.

Generally, interests have an effect on issues moving along. In the Weston House project, because the City Planning Officer seemed genuinely to be interested in our affairs, he appeared to choose to do extra work in order to help find a solution which meant our project could be moved forward and would go ahead, although he had to be careful and was accused of bias in his report.

Interests which are tied up on a logger's own raft include those areas of interest in the organisation to which he feels bound. In the District Health Authority there is evidence of parochialism or separateness as loggers safeguard their own interests and do not tolerate other loggers encroaching on their raft. Professional managers guard their own disciplines and are reluctant to comment openly on other disciplines, eg the Nurse Manager refused to take a view on occupational therapy staffing levels at Weston House.

The interests which the logger wishes to promote or safeguard, may be issues which form the usual focus of attention: eg to a consultant, the consultant-patient interaction: to a nurse manager, the nurses in her "patch" or the day hospital where she works: to a physiotherapist, the physiotherapy profession. Such issues are attached to each of these manager's rafts and each manager will choose to latch onto new issues coming along which can easily be hooked onto those already with the raft.

The idea of "interests" seems to be ingrained in the NHS, for example "a consultant with an interest in rehabilitation" is an example of a general phrase amongst the medical profession. From what I have seen, specialists in community medicine have a great deal of freedom to work on whatever interests them, and many people seem to me to have a great deal of opportunity to choose what areas to get involved in or avoid; hence some issues are left drifting, and over others there is rivalry of ownership, as several loggers attempt to latch on.

Shared images of issues

Each logger has his own perception of the attractiveness of an issue, of which its shared image forms part, and relates that to his own interests.

The shared image of an issue is how attractive or otherwise the issue is generally perceived. At its most basic, it is whether the

timber appears to be sound and valuable or conversely whether it appears to be rotten. Many issues have a sound side and a rotten side. Loggers roll them over, using other logs, to try to display either side uppermost.

The shared image of the issue will derive from links with certain loggers (or with issues whose shared image of soundness or rottenness is clearly seen). Their level in the organisation and power and their own image will affect the shared image of the issue. If one logger's raft is crumbling with rotting wood, this can transfer to issues linked to him. The image may also derive from association with a certain type of logger in the past, eg clerical people did routine statistics, or from another old or new issue, eg computer programming is linked to high technology. To many loggers, but not all, the perceived attractiveness of the issue also derives from its prominence, whether it is clearly visible and mainstream. Any one logger will consider how far it is likely to enhance his own interests by providing valuable products for his raft, and whether it is possible to hook onto it other issues of the logger's interests and promote these. The amount of effort needed from loggers to latch onto the issue and steer it will however vary from logger to logger, depending for example on their distance from the issue. This perceived amount of effort needed will also contribute to the attractiveness of the issue to that logger.

This shared image of soundness or rottenness may be explained by the issue being hooked to another issue (or issues) which is clearly visible as sound or rotten. For example, information systems development is linked to resource allocation and high technology, both clearly attractive, whereas say the annual business cycle is linked to bureaucracy which has a clearly unattractive shared image. The attractiveness of grasping a visible, mainstream, glamorous big issue is something I noticed early on, and something that I have been conscious of myself in doing this and past jobs. It is a way of exercising my own personal interest on something, doing things which feel important, being able to work with more senior managers from whom I can learn and where I am hoping to be. I soon noticed that other people seemed to be doing the same thing. Although different loggers may have different ideas of what is worth latching onto, there seems to be a widely held view of an issue's attractiveness, which develops and gains momentum, like a message passing from raft to raft, and may be even surprising. In the outpatient case study for example, Sister was very full of having been on a recent AIDS conference, and her anticipated ability to educate and talk about it to many different interested parties, enhanced the attractiveness of this issue to her.

Again, the issue of development of psychogeriatric services was boosted when the new consultant Dr Pamela came. This was an issue totally bound up with her position and interests in the organisation as the named leader of the service; driving along

this issue would enhance her already pioneering go ahead image. Others, seeing her power and how she was enhancing the appearance of the issue, began to latch on even to the extent that I heard the DGM saying that we were all working on things for her.

The attractiveness of issues is very important in the organisation: I was told that Jim the Community UGM needs to stress that a lot of major developments are going ahead, and that was part of his job. In other words, it was part of the job of a senior manager to show that a lot of new issues were advancing, surrounding him and being driven by him. Similarly, I was under the impression that it would be difficult for bad news to reach the DGM, simply because unless resources were being asked for, there was no interest for managers in passing bad news. No one, including the DGM, wants rotting wood thrust in front of them and to be pushed towards it. Thus the DGM was pushed away from such issues, which were suppressed and only resurfaced when they reached crisis proportions: for example overspending, which threatened to bob up and overturn rafts and sweep away other issues, forcing itself to the attention of loggers.

So there are three sorts of image of an issue here: one is whether the log is seen to be inherently sound or rotten - which is whether the issue is generally seen to be worth working on or not, eg computer systems (yes) versus statistics reporting (no). Secondly, the attractiveness of the issue can lie in whether it is mainstream or sidestream. Many ambitious senior managers wish to stay with

mainstream issues where they move faster themselves, keeping up with the general flow and in a position to latch onto other mainstream issues. Thirdly, on top of the generally perceived attractiveness of an issue, a logger will compare his perception of a new log with his own interests on his raft - what does he need (type of wood, say) in order to enhance his raft and what issues will give him that, eg for me, Weston House was attractive partly because it would give me good practical experience.

Power

In this model, power is the ability to influence the development of issues. This includes the ability to latch onto issues, to hook issues onto other issues, to avoid issues and to influence the relationship between other loggers and issues, including control of action channels. Relative power is the relative size, strength and equipment of each logger's raft and his skills and its position. It includes the raft's capability for speed and manoeuvrability: some of these attributes are more useful in certain contexts (areas of the river) than others, eg skills and ability to manoeuvre are most useful in areas of great turbulence, and strength and driving force in areas of calm. Sources of power include access to information - particularly expert information, access to other loggers, the ability to set up and use action channels, resources and images. By these means, the ability to influence other loggers' interests, and shared images of issues,

will enable a manager to push and pull, and so speed along and manoeuvre logs through chosen action channels.

Power can derive from controlling access to an external authority, whose details, eg names of individuals are known by one manager, but not by others. This would include in particular control of certain fast and necessary channels away from the main river. In the Weston House case study, perhaps the strongest example was the role of the District Valuer who provided expert information. Those of us who had access to him (only my boss Cyril and myself) controlled that channel to him as a crucial participant in the development of the project.

Those who control information are in a powerful position, partly because of the access this gives them to important loggers, eg the DV as above advised on market property values. In the Weston House case study, neighbours used information from us to empower their own positions and arguments. We handed over information and arguments to the Planning Officer in order to empower him in dealing with the objections and countering the blocks made by neighbours. Power from information is also the ability to raise uncertainty, jumble and confusion, and weaken a driving force attempting to send an issue in one direction. Neighbours were empowered by finding out our nursing home regulations on space requirements and being then able to suggest we might be in breach of them.

Resources on rafts, mostly equipment, convey power. For example, consultants wanted their medical secretaries in outpatient clinics as a resource to empower them in their role. These were wanted to help crew their rafts and steer them through rocky areas where, for example, patients' names could be forgotten. In the Weston House saga the vendor, as possessor of the property, held power to dictate deadlines on, for example, exchange of contracts. As a charismatic figurehead of the service, controlling its shared image, Dr Pamela had power; she also in practice controlled admissions of patients, being a consultant; however, she did not yet have Weston House as a resource, and on this aspect she was powerless in relation to those of us most directly involved in purchasing the property.

The ability to control or construct action channels was very important in this organisation to the power or powerlessness of managers, and not generally recognised. Those who knew how to latch on, hook and push or pull with issues and where to get them moved along and to bring loggers together to do this, were powerful, both in getting loggers pulled onto issues of their choice and in controlling their direction. Surprisingly, the ability to bring together rafts around an issue was rarely challenged, from what I saw partly because, in the turbulence, other loggers could not see what was going on; so, for example, managers rarely refused to attend a meeting called by someone else even if they did not know (and this was often the case) what issues were being discussed. The most powerful managers involved

were those who could determine the action channels, eg the leader of the Alliance Group on the Council could decide whether he would give us the opportunity to brief his group, as a gatekeeper to that part of the river.

Power also derives from the ability to display shared images clearly. In the outpatients study, Sister tried to show me the nurse as the link between the patient and the doctor. She told me "although traditionally the nurse is on call to the consultant, this does not necessarily happen now." She was projecting an image, if not overtly of power, away from powerlessness. But from what I saw the nurse did seem to be on call, and my conflicting perceptions tended to obscure the image of power suggested by Sister. In the Weston House case study, we were constrained by the public image we were obliged to hold and show clearly, and in a time of turbulence and turmoil this gave neighbours relative power.

Within the District Health Authority organisation, feelings of powerlessness appear widespread, as people flounder in the swift-flowing, foamy water, not able to see the issues or act in action channels, which to them are uncharted. Managers try to structure what is going on in order to empower themselves, and one way is by using action channels, as they try to find routes through the turbulent waters and try to make sense of the jumble of logs and rafts confronting them. Sister described the outpatient department as the "end of the line", so she saw powerlessness in

being distanced out in a tributary and away from the rest of the hospital.

I perceived powerlessness of managers within Units, who felt they lacked support. In the river, it was a question of which rafts would work together and share resources and equipment to drive issues along. This was mirrored in the different perceptions of the relationship of "Unit" to "District". Senior District Managers regarded Units as an integral part of the District organisation, all rafts working together on issues in the same direction with people having both a Unit and District identity. Unit managers saw their chief identity as with the other Unit loggers (Acute or Community), and that they should have the resources to be able to run as autonomous organisations, as independent groups of rafts and felt they did not have sufficient resources to do this.

In the District Health Authority, the balance of power between managers and doctors is partly weighted against doctors who, whilst holding ultimate power to block implementation of service changes, are not as aware as managers, of action channels around, how to select or construct them and how to steer issues through them. For example, the psychiatrists as a group in the District were not aware how to "work round the Sector Managers", the Assistant UGM of the Community Unit later told me, describing them as "powerless." A further example was on the redevelopment of the District Hospital, where clinicians wanted junior doctors' accommodation to

be relocated. They said they had "raised it twice in this group" (the project team), then asked, clearly frustrated, "What committee does it have to go to and who makes the decision?"

More generally, I found a perception that power lies elsewhere, eg from Unit to District or away from professionals to general managers and vice versa. Loggers see turbulence and movement around, but do not, through the foam, see how it is controlled. Nonetheless, issues appear from somewhere, float past them and move on, so they feel that there must be a hidden driving force elsewhere.

HOW WHAT LOGGERS DO AFFECTS ISSUE DEVELOPMENT

When an issues develops, it takes direction by force from loggers behind it, pulling, hauling, driving, steering by various loggers as it goes through the action channel. It becomes marked, battered, altered in appearance as its meaning changes, it becomes manoeuvrable or fixed, and it changes in prominence, being suppressed and surfacing again, drifting and being overtaken by other issues. I also consider the pace at which issues move along action channels and what loggers use to help or hinder the pace.

Transforming shared meanings

As time goes on, issues change in shared meaning. The most important change is whether the issue is generally seen as manoeuvrable ie whether it is perceived as an issue at all.

Transformation of meaning of an issue over time occurs through hooking; loggers thereby create pressure and force in order to reshape and turn the direction of an issue. How far they succeed depends on who is latched on to the issue and on their power in this context and the prominence of the hooked-on issues. An important part of this process is using the perceived manoeuvrability of a new issue to which the old issue is hooked, by manoeuvring it along with the old issue or using it to affect the action channel, eg block a route, or to alter the meaning or appearance of, the old issue. One example is that of "doctors' objectives." Because this was bound up with my District Project late in the outpatient study, and because this was not a manoeuvrable issue as the clinicians made clear to me, this blocked the path of my Project, which had to make a major change in direction (onto geriatric services) in order to move on.

As a log moves through action channels past rafts, it changes in relation to other issues. At any one place, hooking and unhooking takes place with other issues, and the issue emerges perhaps battered and reshaped and continues along its action channel in a

somewhat altered form. Activities of hooking, latching and push-pull, results in pressure on the issue, perceived as manoeuvrable, to change shape and direction. What in practice tends to turn it one way or another, is the weight of argument behind that pressure.

When loggers want to steer an issue, arguments from different rafts and force from related issues tend to push the issue in one direction or another, then we get a build up of commitment, and power, until the combined force of all this tips the issue in a certain direction along its next action channel. This also means that the issue takes on a new battered shape, and a consequent new image or prominence, eg that the District project became less about information systems than first thought.

A change of meaning, as well as giving a changed shared image, can also alter the general perception of the relationship of the issue to others. Once the District project became unhooked from information systems, other aspects could be promoted by members of the Steering Group and become more prominent eg the role of the Clinical Director, and issues related to information systems were also unhooked eg surveying waiting times.

These relationships influence which action channel the issue passes through. Once my District Project became unhooked from information systems, it was no longer important for Dr Hill the District Information Manager to be on the Steering Group, and he

lost interest. From then on, the action channel excluded him, and the Project excluded any further connection with technology.

So, hooking can give steering force of argument and direction and alter the shared meaning of an issue. In the Weston House case study, all the coming and going of related issues tended to pressurise arguments on the main issue towards one side or another, as the issue moved on. I felt that neighbour involvement grew, as they gave strong unwavering attention to the issue, becoming committed and coming at the issue with all force available to drive it in the desired direction - to block it and sink it. Related issues which emerged during the debates and close to their interests, eg on value of neighbours' properties, tended, we felt, to give added pressure to their commitment. The emphases on related issues changed, so for example traffic became an issue, and because this seemed a log around which the neighbours in a wide area could gather, they latched on and this lent force to their arguments. In the Press release we talked about community care in general, and in the Council Meeting a supportive Councillor talked about Government policy; hooking on this large issue with momentum and external driving force, lent pressure to our own arguments. When the neighbours hooked on the emotional issue of child safety onto the general traffic issue, this lent considerable force to their arguments, providing a formidable and dangerous block on which the issue of Weston House could founder.

Issues becoming manoeuvrable or fixed

I have used the term issue to mean something to which managers give attention and which is manoeuvrable, ie one which is open to negotiation and not resolved. In the model I see this state as flowing, moving along the river and able to change direction. Once an issue is decided (unless it becomes unresolved, drifting aimlessly, or deliberately submerged) and accepted as fixed, it is as if the log becomes stuck. It may yet re-emerge in another place downstream and become again manoeuvrable. For example, I made it clear to the Weston House project team that 10 beds would have to be found in the building; this issue of bed numbers which was raised, and manoeuvrable in the last stages of obtaining planning permission, had become fixed, but re-appeared in later project team meetings. Loggers may still try to dislodge an issue, for example to get it onto an agenda, when others see it as non-negotiable.

When loggers engage in hooking, which can transform the meaning of an issue, they sometimes may have in mind an end result of resolving or fixing it. But often this is not the case; managers rarely seem to have a clear idea of how they want the issue to end up, though they may know what directions they favour or do not favour. When, as above, issues seem fixed, they rapidly disappear into the distance behind the loggers so are easily forgotten. Loggers may have other reasons for latching or hooking on. Hooking may be merely to promote another issue closer to the

manager's interests, eg the District physiotherapist hooked the issue of physiotherapy staffing onto developments in the mental illness services. Just being latched on to a manoeuvrable issue may be enough, irrespective of the direction taken by the issue; for example, managers at the District hospital who were in post during the Resource Management project, were able to use that link to enhance their own image as they changed jobs, without working on the project itself.

When loggers resist certain issues becoming manoeuvrable, eg by pushing all other loggers away, preventing them from dislodging it, they wish to promote such issues as fixed and keep them out of and away from other loggers. One example is the consultants in the outpatient department not wanting me, in the District research project, to work on the issue of clinical quality of the service which Mr Leyton said was "as good as it needs to be."

Manoeuvrability is also an important concept in the way issues are perceived. People want to know, from the jumbled, misty logjam in front of them, which logs are manoeuvrable but cannot always see; rocks can look like logs from a distance. They attempt to get some certainties in their uncertain confused world where they are often steering their own raft through treacherous rocks. When they cannot do this, people can feel overwhelmed, powerless and floundering. Such an example would be the reorganisation of the structure, like an area of rapids in the mountain river, both when

general management was introduced and when the Community Unit had a reorganisation three years later.

Changing prominence

An issue is prominent in the river if relatively much attention is perceived to be given to the issue by many and/or powerful loggers in the mainstream. Issues can appear, disappear, become manoeuvrable or fixed or their direction changed without necessarily becoming prominent in the organisation. Prominence is close to the shared image or attractiveness of an issue, which it strengthens and where the prospect of success, or risk, or association with perceived powerful loggers can cause a logger to latch on, or in some cases to attempt to avoid. There is still unseen risk. Issues which are rotting wood can sink, taking a closely latched on logger down too. But the more prominent the log, the more clearly seen is the appearance, value and attractiveness of the log.

There are many examples in my data of issues rising to prominence, including increasing commitment of loggers involved (more firmly latched on), and perceived importance of the issue. A momentum gathers as loggers on rafts and other close logs come together, and other loggers and issues are drawn into the current formed. From the beginning I felt the Weston House project would be a mainstream issue, and there was a lot of pressure on me and colleagues to ensure it succeeded. This shared image, and my interest, gave me my commitment, and made me put effort into the work. The prominence

rose as people clustered around, with colleagues coming into my room to ask how the project was going. More and more neighbours latched on, starting with one or two very interested, who brought others in; hence there became a lot of activity around the issue, bringing it more and more to centre stream and more visible.

From my raft, I was hooked on to the issue and so moved more centre stream myself, becoming more visible in the organisation and keeping hold of or grasping issues around it. More and more people became drawn into the wake created by the momentum of this issue (some with reluctance), and more loggers latched on following the example of others, or were pulled on.

We became committed to Weston House with some uncertainty and misinformation, but with increased investment of time and effort, and gradually bringing more and more senior people in, more of whom would drown if the issue sank. This did not necessarily mean the issue moved on faster: although there was more driving force behind it, there became a complex logjam of rafts and logs. At the Review meeting after planning permission was granted, one Authority member complained at how long the process had taken. While it was moving, the way ahead was not clear.

That commitment had the effect of our wanting to re-write the previous history. As we looked back, what had happened was obscured in the river mist. We could not trace back the complex

route, zigzagging across the river, nor reveal the uncertainty, though we wanted to describe a steady and clear direction.

Our commitment might have been stopped by the appearance of a major block for example if we had realised earlier that we were likely to break our own nursinghome regulations. Such problems were rocks lurking below the surface, this block only appeared above surface level late in the progress of the Weston House issue.

Our own personal interest in keeping ourselves above water seemed to be as important as our commitment to the project and interlinked; we had a great deal to lose by backing off at a late stage, particularly once we had entered the public visible mainstream with our commitment. Some were reluctant to express total commitment, eg our Authority member Mrs Swann who was wavering at a meeting, not clearing the way but causing visible confusion, and with whom I was annoyed because the issue needed her backing in order to send it in the desired direction.

Certain factors may lead to an issue becoming prominent: the expectation of future prominence, that it appears to be heading for the mainstream, the effect of loggers clustering to latch on; whether the issue has a new, attractive shared image; whether perceived powerful people are already latched on to it, again giving it a high profile shared image; and its perceived soundness and value. But for many loggers, just being latched on to an issue may be sufficient, eg a manager contemplating a fast career

move and not wanting, as it was described to me, to "stay and pick up the pieces," as the issue perhaps eventually falls apart or founders. This for me illustrates the importance in the DHA of latching and push-pull; what seems most important is which issues a manager is latched to, rather than examining issue outcomes or decision making.

However, there may be disagreement on which issues should be prominent. In terms of the model, those issues left behind may be debris. If some issues are prominent because of particular interests, other issues drift, left behind below the surface, although they may suddenly resurface as a crisis, tend to block others, are then in the way and could cause loggers to founder. This sort of drifting debris seems to appear where, for example, no one has taken the lead on a particular aspect of a project, eg on data output from the new information systems, where the kudos is associated with the computer hardware. As a result there are surprising gaps in what is given attention in the organisation.

Pace

Once an issue is moving along an action channel, it may be in the interests of a logger to advance the pace of progress of the issue or to hinder it; he can hook on another issue, he can control the action channels by push-pull which can slow down or speed up an issue, he can stir and raise foam, and he can influence the shared image.

Hooking can either help progress or block an issue. For example, members of staff leaving the Outpatient Department was seen by Sister as a chance to change job descriptions and structure. Individual outpatient appointment times were later introduced quietly hooked onto the back of changes to the structure of Clinical Directorate offices. So, issues were speeded by being hooked onto issues already prominent. On the other hand, when the possible breach of nursinghome regulations was hooked onto the Weston House development, this threatened to put a block in the stream, though we attempted to unhook by stating that our patients would be different.

Action channels, and their control, can help progress, or block, an issue. In the Weston House saga, our offer to be accessible to newspapers for interviews, and our offer to brief the Chairman of the Planning Committee, was a way of clearing action channels. The leader of the Alliance group opened for us an action channel to lobby his members. In both examples, the consequent pulling of powerful loggers onto the issue helped provide steering force of the issue in the direction we wanted. Another example is selecting a certain logger on an action channel: When a GP was appointed as manager to the hospital in Anton, this was to help enhance use of the hospital. Again, the appointment of a doctor Mr Morris as Manager of the District General Hospital was, I was told, to enable management budgeting to be introduced with clinicians.

Action channels can also cause delays by creating an eddy: on the proposals for a hospice in Anton, we deliberately tasked our (expert) Works officers to undertake feasibility studies for a few weeks in order to give time for the key fundraiser to reconsider our proposals; the issue circled around for a while on the surface. We did not want to be seen to try to block her own alternative proposal, because it would look as if we could be leaving behind a valuable log which public onlookers on the bank would not understand.

Issues may be kept prominent, but not move forward, circling round when no logger (or not enough powerful loggers) wants to be specific about the direction, or when it is not expedient to resolve it because that will mean devoting resources to it which are not yet available and so the action channel is not yet clear. Nevertheless, the issue is seen to be valuable, is seen as a Good Thing to be latched onto, therefore it is kept in the mainstream. Examples are a recent Leadership for Quality initiative, where it is good to be seen to be doing something on quality assurance, especially something new and different, but people I have talked to do not seem to know what it is. A further example is AIDS, which has loomed large because of its high profile nationally, and the resources that are attached to it, giving it driving undercurrents. Nevertheless, there are hardly any people suffering from AIDS within the District. Such issues move around, circling widely but not yet taking a clear direction; they are issues onto which other issues can be hooked.

Muddiness or uncertainty may increase, or hinder the pace of issue development. For example, when the transfer of the physiotherapy clinic at Easton was shelved, people were told there was up to approximately a two month delay, whereas we knew it would be at least two months. This was in order to safeguard the momentum and attraction of the issue, to imply that effort put in would pay off readily, and so to persuade people not to delay work. Alternatively, issues pulled into midstream, and hooked on, can create uncertainty, confusion and turmoil, eg when neighbours began to suggest that the property of Weston House was not big enough for its purpose. This cast a mist over the Health Authority's credibility and capability, and made the whole issue more messy and harder to progress.

Significant events affect the pace of issue development. A significant event is an important occurrence which suddenly brings a new issue to high prominence, or will affect progress of existing issues, and could be thought of as new trees crashing into the river or rocks appearing in the stream. Such events can form a block to the development of issues already on the move. An example was when the DGM wanted to raise as a prominent issue the performance of the District General Hospital: he could not, because a visit from a member of the Royal family was due. This was a large rock off which he could capsize. A significant event may also increase pace: when discussing proposals to provide extra single rooms in the new mental illness unit, a suicide at the local

large psychiatric hospital turned loggers quickly away from moving the issue in that direction.

In the DHA, issues progress slowly, moving along in jerky fashion through the turbulent water, shifting downstream often at no faster pace than the main current. The current may dictate the speed which cannot be rushed, not surprising given the log jams created by many other issues. This was suggested by conversations with Mr Hobson in the Outpatient case study, where the Clinical Director was keen that my research work should proceed slowly and safely, in relation to other issues. More generally, I have found that people need time to catch up with an issue: The District Physiotherapist told me that it took time for her staff to get used to the idea of moving the clinic at Easton. A second proposition is that issues are soon forgotten, and left behind around the last bend; at the review meeting after the Weston House saga I was surprised at the lack of interest shown and how much had been forgotten.

SUMMARY

In this Chapter I have proposed a new model: the "logger" model, based on the theme of issues progressing along a river. Loggers engage in activities of latching/avoiding, push-pull and hooking to influence the movement of issues as logs along the river, according to their own interests and power and the issue's shared image.

Such patterns repeat all through the development of an issue as it flows down the river and become very complex within the turbulent water, partially hidden by spray and mist. It is likely to be very difficult, because of this complexity and because of lacking full knowledge, to describe the full pattern of an issue developing, but rather possible only to consider what happens to an issue with certain managers over a short period of time. In Chapter 10 I discuss how this model can relate to some of the other metaphors of organisation shown in my data.

CHAPTER 7

PARTICIPANTS' OWN METAPHORS: CASE STUDY 1 - OUTPATIENTS

INTRODUCTION

My sources of data from the Outpatient Department were mixed. I picked up some during my observation of clinics, some by means of ad hoc conversations outside clinics mainly with nursing staff, and one set from a meeting of consultants: the "Surgical Unit". The rest, the bulk of the data, came from interviews with the four medical secretaries, the four consultant surgeons, and Sister. My interviews with Sister seemed on a more informal basis; I think she was keen to relate to what I was doing. "Oh, it's about management is it? Well, I have moved into a management job..." and to give practical help where she could, eg asking me how she could explain what I was doing to the nursing staff so they would accept my presence.

Partly, I believe, from the different sources and settings of data, the various datasets yielded different amounts of overtly metaphorical language. For example, Mr Leyton, who did not want me to observe his clinics, spoke little in obvious noun metaphors, although some appeared to slip through. Conversely, many metaphors were apparent from conversations with Sister. I think this reflects the different relationship I had with each of the staff and in

particular, the level of intimacy that we had already or they were prepared to offer me.

For different reasons, my interviews with the medical secretaries yielded fewer obvious metaphors, I think partly because they tended to be suspicious I was checking up on them or would involve them in extra work, but also a result of the type of questioning. At that stage in the research project, I was working on "what happens between GP referral and first outpatient appointment" and responses from the medical secretaries tended to describe what happened to the paperwork, rather than for example, much on their view of what happened in clinics, although in retrospect this would have been more interesting, as data I could compare with the nurses' and consultants' views. Also, to them, I probably appeared as a visitor irrelevant to their routine busy jobs, so they had little to gain from the various uses of metaphor (Chapter 3) in interaction with me.

Much has been written in the medical sociology literature about doctor-patient consultations and settings, for example, Wadsworth and Robinson(1976), Cartwright(1967,1981), Silverman(1987). My own data does not cover individual consultations, but in my research, I saw application of these kinds of views, eg my wearing a white coat as a symbol of clinical authority, conferred a right to be in the clinic.

However, my own research has been looking at both the immediate views of those health professionals active in this small corner of the organisation marked by a set of surgical clinics within an outpatient department, and also the immediate (known as first-line) management in the persons of Sister and the newly-appointed Clinical Director Mr Hobson. In this setting there were no managers with traditional general administrative backgrounds, except for a brief appearance by the former Hospital Administrator. The new Hospital General Manager Mr Morris, a doctor, also appeared in one meeting on the project.

The metaphors I found in what people said to me were not just about 'the organisation', although I recognise that the organisation could mean different things to different people (eg outpatient department, hospital, health authority, NHS or, in this case something as 'small' as a clinic).

Participants talked of each other in metaphorical language, but depersonalising such references as far as possible. They used metaphorical language also in describing what they did and what happened to patients. From all these metaphors of different bits of their world, of different vehicles and tenors, I have selected a few tenors and discuss these. In Chapter 10 I move on to reading these across to corresponding metaphors of their organisation as entailments, and which I also compare with the logger model. I also compare here language used by different staff, and make suggestions of what lies behind these metaphors and why they are used here.

What I have found is a mixture, then, of vehicles and tenors, usually within one interview or conversation. This indicates how people think in multiple metaphors which do not necessarily cohere with each other, but may clash. These multiple views may reflect some of the dilemmas facing a nurse, for example how she is trained to think of patients as priority and wishes to reinforce that as her "speaker's ethos" against how she needs to view things in order to cope with or to make sense of the situation she is in, for personal security and to solve immediate problems. To explore these ideas further, I now go on to the data, which I look at under the headings of clinic as system/machine, the nursing dilemma, metaphors of doctors, and professionals as managers.

CLINIC AS SYSTEM/MACHINE

Amongst all the metaphors, sets of similar metaphors about the outpatient clinic appeared to be dominant. This tenor is interesting in its own right, indicating how the staff have constructed and make sense of their world, in terms of this entity "clinic" rather than for example, as a manager would say "the outpatient service", or, as each patient might consider, "the patient appointment."

I have headed this section by the metaphor: clinic as system/machine. Both system and machine are used for their colluding connotations of routine processes which may be set up but not necessarily continuously controlled and in general the workings may

not be easily understood. So how under the interaction theory, do they reorganise our view of a clinic? There is an implication of inexorable movement through, which is not in the power of any one individual to control while it is going on. As a system, the clinic is a continuous process keeping going and involving various participants of nurses and patients who cannot control what goes on, but tending to revolve around the doctor, as we shall see. As a machine, the clinic is seen as harsh, primitive even, tangible, composed of disparate elements. Nurses stand at some distance while patients are worked on to emerge as a product. Nurses then have indefinite roles, patients are manipulated impersonally. The system is used as a vehicle ambiguously, with the "appointment system" being talked about by some as equivalent to the clinic eg doctors saying "this clinic is overbooked", or "there is a problem if the system rules aren't kept", or "most problems relate to the organisation of the clinic"; or a medical secretary saying "I don't overbook the clinic", or "I may need to reduce the clinic". The clinic is itself a flexible metaphorical construct, used to mean a set of consulting rooms(doctor's view) or a set of events (on one occasion or regularly occurring) in such a suite (nurses' view), or a set of appointments (as medical secretaries view it).

Metaphors in the data suggest that the clinic is an entity in motion, eg "this clinic is fairly fast","we need to keep the clinic flowing","the clinic is going well","we need to keep them (patients) coming", "there is a hiatus when we can not keep the clinic going continuously", "the clinic is running manageably to

time", "if the clinic loses time it is difficult to catch up"(all comments by nurses), "the ulcer clinic runs very well" and "clinics themselves work fairly well"(comment by doctors).

More explicitly, the breast clinic was referred to by Sister as a "sausage machine." Interestingly, Mr Leyton said he did not want the outpatient service to be a "sausage machine" - an example of a risky negative metaphor (see Chapter 10). Dr Hill had earlier in the District project talked to me of one type of clinic - in terms of physical layout, with cubicles and an alley at the back - being a "cattle market" or an "assembly line". All these vivid metaphors have connotations of the patient as material fed without choice into the machine or system, and churned out at the other end, not of human status and being entirely controlled.

Medical secretaries, working based some distance from the OPD, see the clinic more as a static entity which they deal with when making appointments. Metaphors which result are those of "we leave breathing spaces", "I may prune the clinic" (when a doctor is away), we may need to slot in "extras" or "addings", the "clinic is too cramped","the clinic is overloaded." (the latter two comments were by Sister on the way the medical secretary had booked appointments too closely).

This is all linked closely to the appointment "system" and "rules" eg Mr Hobson talked of "problems if the system rules are not kept", and "the secretary knows the rules of the appointment system". He

also said "this clinic has only been going since January - it takes a while for the appointment system to settle down."

Equilibrium appears as a notion: Mr Hobson said he never knows how long consultations will take. He assumes "clinics will even out." One medical secretary said that the two effects (of long and short appointments) tend to "balance." I tested out the idea of momentum during one meeting of the Surgical Unit consultants - that it seemed that they got a momentum going in the clinic and did not want it stopped - they readily agreed to this idea. Amongst various ideas that Mr Cliff produced in interview with me, he said we really "need Critical Path Analysts, after "it is a question of scheduling the patients given the rooms."

Doctors, when talking about what to me is the outpatient service, talked about the physical space around them, eg "I am static in the clinic" when Mr Hobson had just been interrupted by a telephone call. Mr Cliff said "the most important thing about outpatients is the front door organisation". He could have meant department reception, reception at the clinic,or the organisation of the appointment system which gives patients access to the service. The ambiguity expressed in the metaphor is significant; I think his view was of what happens 'out there' being important , but that it had nothing to do with him - he was not close enough to it to distinguish separate elements. Mr Leyton said "the Ulcer Clinic runs very well, timing a bit hit and miss, we could utilise more nursing staff outside". It seems from all this that "clinic" can

be used to mean physical space, and also that a clinic can be described metaphorically in terms of physical space. Here the interaction theory is at work in symmetric form; the clinic system is seen as a space, and the space as a clinic.

One or two other metaphors of the clinic were apparent, eg a nurse saying to me "we can not win in this game", during a clinic. She was not taking too seriously the effects that a booking system outside her control and the individual patient-doctor consultation timing, had on how long patients waited. But it seemed that was what she thought the "game" was about - expressing powerlessness with it, and making it clear to me that although she felt some responsibility for patients waiting, she could not be blamed.

In all this, metaphors of the clinic as the machine dominates, with medical secretaries viewing the clinic as static, and clinic staff viewing it as in motion. One way of reconciling these views, which could be helpful to reduce problems of overbooking and waiting times, is to consider the secretaries as setting up the machine, and consequently responsible for its "smooth running" as much as the doctor or nurse. Sister at least had made that connection (eg in describing overloading) but there was little evidence that medical secretaries or nurses had done so in their thinking. Although the secretaries make the appointments and ultimately determine whether the clinic is 'overbooked' it is the clinician who has decided perhaps years ago, the appointment spacing for 'his' clinic (eg 2 patients per 15 mins). But once in the central consulting room, the

doctor is now so distanced from that process, that it is as if the system operates on its own, without identifiable controller(s): somehow control lies somewhere nebulously between medical secretary and nurse, as the doctor experiences the flow.

Interestingly, the clinic as a construct was foreign to many patients: one medical secretary said: "patients do not understand that clinics are on set days," when explaining how patients try to change their appointment with the clinician from one day to another. This would reinforce the strangeness to doctors of such views as expressed by Mr Hobson that "people tend to think they are the only patient".

The dominant clinic as machine metaphor clearly also has implications for the way patients are viewed and dealt with, and the way nurses see their world: the nursing dilemma.

THE NURSING DILEMMA

In considering what nurses and the OPD Sister have to say about their situation, themselves, their professional colleagues, patients and what happens, by means of the metaphors nurses use, dilemmas emerge which give clues to feelings of powerlessness and ambiguity which they express.

It is first worth referring to one or two traditional metaphors about nursing. During training, nurses are taught that they give

TLC or Tender Loving Care. There is the prevalent metaphor of the ministering angel. Another traditional metaphor amongst nurses themselves, is the "nurse as professional" with independence and autonomy as strong connotations. These various metaphors are reinforced by the long-standing but still vivid image of Florence Nightingale with her lamp, passing amongst rows of bedridden patients and tending them.

Whilst I am not aware of the motives which led each nurse I spoke to into nursing, I know that these metaphors form part of the picture of nursing with which girls have grown up and are likely to have as they consider career choices; they also form the basis for public views that nurses deserve good pay increases. They influence nurses' position in society at large; their status in the world is heavily dependent on these images being preserved. It is worth noting that none of these images includes the presence of a doctor or other health professional, which emphasises the importance to nurses of autonomy and choice.

Metaphors about nurses mainly came from nurses themselves, which is significant: either nurses and what they do are discounted or taken for granted by other professionals, or other staff were reluctant to talk to me about them, particularly in metaphorical terms. I did notice a general reluctance to talk disparagingly about other groups: eg when I asked Mr Leyton what difficulties do we have in giving a good service to patients, he replied "medical records do a good job." However, because nurses were neither criticised nor

praised during interviews and conversations, my belief is that they tend to be taken for granted and this suggestion is reinforced by some of the metaphors below. But nurses being full of metaphors about nurses seems to indicate seeing themselves as the important group and they wanted to get across vivid, memorable messages to me about themselves. The conflicts in those messages, evident from vehicles which clash, form for me the nurses' dilemma - the fundamental ambiguity in how they see themselves.

Metaphors about nurses seemed to fall into four categories which I call: cobatant, resource, servant, leader.

The combatant metaphor was expressed by Sister or a clinic nurse, eg "Nurses are in the firing line." This remark by a nurse during a clinic was in the context of talking about (medical) notes as the biggest problem: she said " often during the clinic, histology tests for example are missing". The suggestion here therefore is that it would be the doctor who would complain and fire off at the nurse. The previous comment was that "the medical secretary should have checked probably": so not only is the nurse under fire but she is taking it as unfair, and left with a grievance against the medical secretary.

Sister referred to a "battle with Mr Leyton's secretary" in getting Mr Leyton's appointments to go on later, as the clinic always started late. This opposition or tension with medical secretaries

was shown in other comments by Sister such as "...we need trained staff and they know more about diseases than medical secretaries."

When Sister referred to developing the counselling side of the breast (cancer) clinic, she described to me the appointment of a former ward sister to be a counselling sister for diabetics in another clinic, and said "this is probably an area where nurses feel threatened" in other words by having the threat of one of the most prestigious areas of their job, that of counselling, taken away. This high profile prestigious activity has connotations of learned advice from a highly paid professional. I think here Sister was partly using this metaphor privately, as she was at the time considering her own view of the proposed post. In describing a similar post in a nearby Teaching Hospital, Sister said the problem was that nurses do not then get job satisfaction. In such metaphors, nurses are beleaguered combatants, on the defensive, with insufficient status in their job as a whole to withstand such adjustments.

One of the most vivid metaphors in all the outpatient data was "we are their champions in a way", uttered by Sister. This metaphor, uttered with some caution by the rider "in a way", was a striking view of nurses as defenders of patients. Against what? In the context, she was describing clinics being overbooked, so an obvious opponent would again be the medical secretary but in the context also of a wide ranging discussion about the breast clinic, I suspect she had in mind any other discipline including the clinician and

also the "system." The enemy is helpfully (to her) ambiguous in this metaphor, allowing her to avoid laying blame which is taboo. Connotations of this metaphor are that of acting alone, with people's hopes vested in the champion, as well as the connotations of direct combat and heroic venture under the public gaze. Here we can recall the traditional nursing metaphors of angel and see that the champion metaphor gives a stronger, more active, fast-moving implication, as well as similar connotations of higher level beings and self-sacrificing heroism. They may be in the firing line or threatened but Sister at least would like nurses to be seen as active combatants: a " compensatory metaphor"(see Chapter 3), not just for private use, but to persuade me that nurses were far from being passive servile underdogs.

Such an active, heroic metaphor contrasts with the "nurses as resource" metaphor, or as commodity, displayed by comments such as "we could utilise more nursing staff outside" by Mr Leyton, or "we cannot afford to have a nurse outside each clinic", an opposing comment by Sister, who described "bringing in" of bank nurses when needed. Julie, a former research nurse at the Hospital, talked to me earlier of outpatient nurses being "split off" from Casualty. Perhaps the idea of nurses as resource was not surprising coming from Sister as designated manager with nurses as her resources to control, but it makes nurses themselves appear passive (though not necessarily as "passive" as "patients") and used.

A similar notion of being used is implied by the "nurse as servant" metaphor. One clinic nurse talked to me about wanting more "support from outside" ie from a nurse based in the waiting area. Sister said it was important for the nurse to stay in with the patient so they are available if the patient wants to speak to someone. The position of servant to the patient may be desirable as it fits with the traditional, paradoxically prestigious, metaphor of ministering angel. But this is a metaphor where particular care may be needed in interpretation. Sister's remark about availability was in the context of discussing the breast clinic and the nurse not being on call to the consultant, implying that the nurse was exercising autonomy in staying in with the patient, acting as she chose, in her service role with the patient. But in providing this "service" she was acting according to her own choice, and not necessarily according to the patient's own wishes; she could not be seen as taking instructions from the patient who was dependent on the nurse even to the extent of knowing her way around; as one woman said, returning to the Department, " I've been all round the bally hospital". Association with the wellbeing of patients, with the 'service' is prestigious for nurses: one nurse said to me having hunted for missing notes, "we shouldn't have to do this but we do it for the benefit of patients". This was spoken as if an often-repeated slogan. Nevertheless in practice,I did not see nurses making themselves available to patients, as one would expect from a 'servant'. They hurried about, or stood talking at a distance or organised and directed patients; they did not appear to have time to converse, being busy 'running the clinic'. So whilst they may take

the image of giving service to the patient, this appears to be on their own terms, dependent on their own view of what they have to do.

One medical secretary described a similar idea as "nurses see to the patients" (in clinic), whereas secretaries do letters. "Seeing to" someone or something has connotations of obligation, as opposed to, say, a description of "looking after", where some degree of leadership or control is implied. Even here, however, the obligation may not arise from the patients but from the organisation or the clinician and all associated with him including his secretary. Whilst Sister acknowledged the servant metaphor as a generally held belief, she stressed her opposition to it, when she said "Traditionally the nurse was on call to the consultant, this does not necessarily happen now." I did see from my own observation, nevertheless, that nurses came and acted at the bidding of consultants. Here, the metaphor is one of servant to the clinician rather than the patient, less acceptable to nurses and as we have seen, not part of the traditional idealised metaphor of the nurse. The 'servant to consultant' metaphor is handled by denial, or by reiteration of their images such as the angel who ministers as from a higher exalted plane.

Sister, rather, showed a tendency to suggest nurses as in control, as managers, or as educators.

They would be managers of clinics: "this clinic definitely needs managing." Sister explained that "we try and dot the patients around ...keep the clinic flowing." The decision, in this case, was limited to that of choosing which room each patient was shown into, not a very high degree of control. Julie said to me "there is always a designated nurse in charge of the clinic." There is an implication here of the nurse managing something called the clinic whereas the doctor looks after each patient consultation: thus for example a clinician asked his clinic nurse "How are we doing?" or "Are we up to schedule?" - this timing, or over-running, being the test of a managed clinic. The nurse involvement in this though is, as above, choice of room, or in making sure patients move in and out of examination rooms speedily. Thus the idea of managing the clinic or being critical path analysts as Mr Cliff said was needed is in direct opposition to metaphors of "service to patient" or "ministering angel" from which traditionally nurses derive their prestige - a clear dilemma.

Some other metaphors of nurses were seen, as individuals expressed views, eg Mr Leyton "the nurse is the linchpin." As this was very much an isolated metaphor, I felt he might be telling me what he wanted me to hear or to pass on, impressing on me his own "ethos" of a fair leader. At face value, he could be saying that the nurse was the central pivot around which the clinic system operated. But the context suggests he was acknowledging a prestigious role for the nurse in giving information to patients: "We have to be very careful what we tell people in an open forum ... informing patients

in this way is part and parcel of what we are doing. It is often why the nurse is the linchpin." However, there was no doubt in my mind that he saw himself as in charge of the whole process, eg responding to my introductory interview question about the outpatient service, by "As far as I and my firm are concerned, patients get a good service," and with the only references to nursing in that response being to Sister's help ("with Sister's help we do attempt to make the wait in clinic as minimal as possible") and the "nurse really needs to be available to do nursing duties inside": both remarks fitting the "nurse as servant to consultant" metaphor.

In another instance Julie referred to reception staff as being now "under Sister's wings." Sister, as nurse manager, was mother hen, in a caring, protecting view of her managerial role, colluding with traditional nurse metaphors.

I considered earlier a "clinic as machine" metaphor, which appears strong amongst clinic staff. Here the patient is merely a piece of material being fed in and hardly worthy (if passive) people being defended by the nurse as "patients' champion" - this mixture of metaphors which exist in the beliefs of individual nurses makes an impossibility of coherent understanding of their own roles and positions. Even in my summary notes from observation of a single clinic, I have noted that the nurse has to see to the clinic-system (operating the machine) so has to think in terms of that metaphor, while preferring to align with a second view of a set of metaphors

to do with individual relationships with patients eg nurses "teaching", "reading the signs", "giving input". The latter I regard here as private compensatory metaphors, attempting to enhance prestige; the former are metaphors by which they act in the clinic - metaphors for action as described in Chapter 3.

SOME IMPLICATIONS OF THESE METAPHORS FOR ORGANISING PATIENT CARE

We have seen how the "nurse as servant" metaphor is around but resisted by nurses themselves when applied to consultants as masters. The medical secretary works for the consultant and nurses feel they can deal with the patient as they "know more about diseases than medical secretaries" - who should not even be present in the clinic. Nonetheless, medical secretaries see their presence as a safeguard for the consultant: they can remember the patients and are involved in decisions about the progress of their care, as was shown in my conversations with medical secretaries on what they do.

The dilemma here for patient care, is who is in a position to act as the servant of the consultant in organising care of an individual patient? (on the assumption that the Consultant will not generally be able to do all this personally). Medical secretaries were acting in this role, with strong loyalty to their Consultant; (I was told "she is a secretary first and Unit Coordinator second"), but were not seen by nurses as competent to do more than paperwork and are generally regarded as very junior administrators, and nurses

resisted the notion of themselves as Consultant's servant. Consultants defended their medical secretaries to me, eg Mr Leyton: "I get screened from problems with the notes. One such problem can cause havoc with a clinic, but...this does not happen very much - because there is a good medical secretary", and Mr Rutt: "very helpful to have the secretary sitting in ...I can dictate while washing my hands and she knows individual patients and what is expected to happen to them", but this does appear to leave a potential major shortfall in how individual patient care is organised adequately from one stage to another.

This is the more evident when we see how dominant the "clinic as system" metaphor is, in the outpatient service, ie a metaphor based around a construct of the immediate working situation with patients moving in and out, rather than the view of an individual patient's progress through care, epitomised by Mr Hobson's wish to see an individual flowchart for each patient.

METAPHORS OF DOCTORS

Doctors as Masters

The few metaphors about doctors usually came from doctors themselves. Given the boldness involved in producing metaphors which I suggest in Chapter 3, and the powerful position of doctors, this is not surprising. I discuss this absence further in Chapter 10. As they were also reluctant to talk about themselves most

metaphors were not very explicit, and were usually in verb form. Nevertheless those that were apparent affirmed doctor as master (as teacher, business director, dictator, employer). For example, Mr Cliff talked of "educating GPs" (to do mammograms), indicating implicitly that he and his colleagues would do this . Mr Hobson said Mr Leyton needed to keep "his own house in order", Mr Rutt described himself as "ruthless with discharges". Mr Cliff talked about "using House Officers". Doctors were to be treated with respect, eg Mr Hobson said that Mr Morris the UGM was talking to doctors about facilities in the next phase of hospital development, and would "sound them out behind the scenes." A variant on the master metaphor was when Mr Morris referred to the radiologists "almost touching their forelock to the Clinical Director", and looking at Mr Hobson, said he wondered "what would happen in Surgery". So the doctor as master metaphor does not preclude, in doctors' eyes, some doctors acting as servants to other doctors, but interestingly in this case to a doctor in a "management role." This is surprising because traditionally "administrative" doctors have been of low status in specialty hierarchies. At the time there was much uncertainty and speculation about the position and role of Clinical Directors; Mr Hobson himself said "I have no model" and it was an "immense declaration of faith" (ie the introduction of Clinical Directors), indicating the unknown nature of what was being introduced. Hence he felt powerless to act decisively, in the absence of a guiding metaphor.

I was surprised at the lack of apparent communication between surgeons on topics of clinical practice. I now think that the dominance of the "master" metaphor in their minds might explain why other types of relationship between clinicians, and with others, cannot easily be held, because there is no metaphorical basis of belief. I recall Mr Leyton complaining to Mr Hobson about not having an agenda for a Surgical Unit meeting - as if he were acting as servant to the others, in his Clinical Director capacity. Perhaps the only way for each doctor to avoid the possibility of being a servant to another is to stress individuality.

Doctors as Centre of System

But what of other metaphors doctors use? Do they have the same kinds of dilemmas from competing metaphors which are faced by nurses? Doctors talked about "systems" not just in the clinic setting, but as a means of describing what generally happened after GP referral of a patient and describing admissions (the "diary system" of booking admissions). It is as if these systems are operated, by other people, around the doctor who is seen as at the centre, at least of his world. I pursue this notion further in the metaphor 'Inside-Outside' in chapter 11. In outpatients, Mr Hobson said having a central consulting room and four cubicles would be ideal, with the current system (central consulting room and 2 examination rooms leading off each side) being a compromise. From my observation, what was intended (when designed) to be the central consulting room, usually became the organisational and doctor's base

for the clinic, with doctor, nurse and notes based there but rarely a patient there. Mr Hobson agreed with this view when I raised it. Thus the "system", as well as working around the doctor, can also be seen by him as impinging on the doctor's freedom to choose - in which case he alters what he can.

Mr Leyton said he was "screened from problems with notes"; Mr Cliff talked of the "front door organisation", Mr Leyton said "certain things are outside our scope", and that "we could utilise more nursing staff outside". All these metaphors reinforce the idea of the doctor being central and inside, and activities, with which he is not concerned, going on "outside."

The master-servant metaphor need not necessarily clash with the system metaphor, where such "systems" are viewed as going on around the doctor and not part of his scope. However, where systems do impinge on his master role, irritations are expressed, eg Mr Hobson: "problems occur when the system rules are not kept." But the master, as the doctor may see himself, is not in control of certain things going on. This may then lead to their being described by him as the system, ie as impersonal and for which personal control is not relevant. In the same way the game metaphor used by a clinic nurse may also be a device to reconcile a situation which does not fit her preferred or dominant metaphors, by suggesting that the situation does not matter anyway. Both may be "compensatory metaphors".

Mr Hobson said on the telephone to me, that one reason why doctors are so sceptical (of "managerial" work such as the District project), apart from the reason of their individuality, was that "administration has failed to deliver the goods. Systems have not worked in the past". He was using two metaphors of administration: firstly providing service presumably to doctors, and secondly as systems, moving to a more impersonal metaphor when suggesting blame, to preserve his ethos of being rational and fair.

Other Metaphors of Doctors

Further metaphors indicating the position or view of consultants are "interest" and "prima donna" metaphors. As I discussed in formulating the logger model, it is widely accepted and appears as "official" language, eg in medical job descriptions, that consultants have an "interest" eg Dr Carter of case study 3 is a consultant geriatrician with an interest in rehabilitation, and, as I was told by Dr Hill, Mr Leyton has a vascular interest. The implication is that clinicians are choosing to sub-specialise in their work, although jobs are constructed to attract consultants with particular interests missing from the organisation. Once a consultant with a certain interest arrives though, it is accepted by all that he prefers to do that kind of work and that is what will happen. This may lead to unusual patterns of medical work ("case mix") eg I was told by a GP that Barton hospital did an unusually high proportion of major spine operations for a District Hospital

(with cost implications). In that instance, change only occurred when the consultant concerned retired recently.

There might, however, be two ways of attempting change. Firstly the budgetary position might lead to beds being closed and hence all orthopaedic operations (except perhaps day surgery) would be reduced. Secondly, as has happened recently, a special Government waiting list fund might be directed towards "long wait" patients, those argued by clinicians to be "non urgent" but which may also have conditions which are not part of a consultant's special interest. Implementation of such a fund was met with resistance among many consultants, although it meant additional funding, as it tended to erode their control over their patients moving through the system.

The "interest" metaphor is only applied to doctors, and it is applied both overtly and formally. Other staff of course have interests but the implication is that there is no official recognition. Doctors may also be seen as masters of their own type of work: jobs largely accommodate their interests, which other professional individuals may only achieve by changing posts.

The "prima donna" metaphor was used by Sister, referring to Mr Cliff during the breast clinic which I was observing. She had said that the clinic had grown, that we need to work through again how we run it and a good time is when we get a new consultant (Mr Cliff was a locum, temporary, and to be replaced by Mr Flood). "Mr Cliff is a

prima donna", she said. Using Black's notion of the "implicative complex" from Chapter 2, we have, implied by prima donna, the setting of an opera, in a theatre, with other lead singers and chorus and also orchestra, working to a score but with connotations of a singer who sings and acts much as she wishes and others having to follow and fit in their own performances. We also have here, by metonymical association, a particular example of the organisation as theatre metaphor. The tenor is Mr Cliff the consultant in the clinic setting, with staff of various kinds working around him, including some who consider themselves leaders, eg Sister. Patients, though, do not seem to appear on stage. Sister's remark is in the context of her saying how the clinic is run and implying that she probably could not change it while Mr Cliff was still here. She may well have already approached him, although this is not confirmed in my data. Interpreting the metaphor in the light of this context, Sister's view is that Mr Cliff performs a set role in the way he likes and other staff have to follow. He has some constraints though, suggested by the score. Even she herself, a leader/manager, has to "attune"(my term) her actions to his, although she sees changing how the clinic is run as a joint task ("how we run it"). The prima donna metaphor coheres well with the more general "master" metaphor. Some questions around this metaphor's interpretation would include: who, if anyone, might be conducting the opera and the prima donna, and whether patients are included anywhere - perhaps the audience.

Whilst Sister was objecting to Mr Cliff as prima donna, there are parts of his role that Sister herself acknowledges are not her province: when I commented that Mr Cliff always seemed to introduce himself to the patient, she responded "Quite a lot of the younger doctors do introduce themselves. It is generally left to the doctor."

Finally in this section about doctors and metaphors, I look at a metaphor memorable to me because of my personal involvement as well as its vividness, although I did not appreciate its aesthetic qualities at the time. During the Surgical Unit team meeting (of the four Consultants), we were not getting far with agreement to move forward on the issues raised in my discussion paper and agreed with Mr Hobson. However I wanted to push for what I thought the DGM might be after and could therefore be a mark of success in the District project. I at least saw this as an opportunity to test their reaction, possibly useful data in itself. I raised the issue of "objectives": I said "Can we go on to objectives? What we have got is some objectives for reception as an example. Sister has done a set of objectives for nursing. What I am suggesting is could we have a set of objectives for all staff." Mr Rutt replied: "This is where I get to pressure cooker stage. This is what being a doctor is about. We will be getting objectives for a patient consultation next." I protested that I was talking about "objectives for the outpatient service." Mr Leyton said "We do not want to have all these things written down. Like the Army.

Anyway all this is for Sister." Finally Mr Hobson said "I think the trouble is it is all rather vague."

This interesting exchange I found devastating at the time as it seemed to deal a fatal blow to the District project work in outpatients, as it had been seen by the Steering Group at District level. I now feel it produces some useful insights, through the metaphors, of the clinicians' views and perhaps particularly comparison with those of general managers.

First of all my proposal reflected the management model coming into vogue at that time in the NHS of Management by Objectives; the talk was of corporate and personal objectives. This could be seen as fashionable, as rhetoric, and not necessarily how managers understood their role (eg this does not feature in the logger model), though as we shall see in Chapter 9, some use it. Mr Rutt clearly was violently opposed to any such suggestion. By using the metaphor of the pressure cooker he was in this setting of his colleagues making sure all were aware of his anger without talking openly about anger which would be less acceptable language. He was taking advantage of the ambiguity of metaphor (see Chapter 3). Those who talk openly about their emotions usually have to justify them, in a social setting. A more usual metaphor such as "this makes me see red" (see Lakoff(1987) for a selection of metaphors of anger) does not disguise the emotion as much as a fresh one such as the pressure cooker. Fresh metaphors are not only vivid, but offer greater ambiguity. There was a threat implication also: the heat

of steam could lead to an explosion if I did not back down. So he was giving me vivid concise communication. He then said "This is what being a doctor is all about" - giving directly his view, as I interpret it, that being a doctor is about setting and holding ones own views on what should be done, which might be implicit but were certainly not explicit, or shared "objectives". Mr Leyton's comment was to the effect that the "objectives" model was totally inappropriate for the Health Service, and belonged more in an organisation such as the Army, in contrast. An interesting point here is that a Finance Director was later appointed to the Hospital from the Army and I was told by the then UGM that he had found it very difficult - he wasn't used to telling people to do something and nothing happening. An Army model of organising work (and objectives were seen by Mr Leyton to belong to this model) was seen as anathema to Health Service people. This kind of view was of course particularly interesting to me with my MOD background.

In the data this was an argument that started with two clashing metaphors: objectives as a way of structuring what people are doing in the organisation, and doctors as masters; both were in the context being used to determine the next actions. The argument was swayed by showing how inappropriate one metaphor was to the underlying beliefs of all present. Mr Hobson managed to get us out of (or defuse) the situation by allowing Mr Rutt's resistance without accepting either metaphor - perhaps appropriately given the dilemma of his clinician and Clinical Director roles.

PROFESSIONALS AS MANAGERS

One aim of the District project was to look at professionals and managers and their differing positions and views within general management; the position of professionals as managers was a key issue at this time in the organisation. To consider both the Clinical Director role (which I will call a manager role) and Sister's manager role further, I look at some metaphors each used.

Mr Hobson talked of "needing a context", "having no model", and Clinical Directors being an "immense declaration of faith" and "I have to structure my management task." He had not then found a model or dominant metaphor for what that was, except seeing a need for one, to give him structure. He was not (yet) even in a position of holding clashing metaphors from both roles.

In contrast, Sister's position was much more established as a manager. She used metaphors readily, showing boldness, including metaphors of the outpatient department, which she was described by her staff as managing.

She described the Department as isolated, saying it was the end of the line, implying there was little contact with the rest of the Hospital. Indeed, when Mr Morris turned up while I was there she said it was the first time he had been there for months. A good example of the use of metaphor to argue a point was in her comment: "I have been hearing these phrases about it being the window of the

hospital, and perhaps they just say it to make them feel good and important, but all I can say is that the shop window is not very well dressed." This was an example of extending a metaphor to use it effectively against its original use. Sister recognised why 'they' (her professional boss the Director of Nursing Services, probably) had used the metaphor in the first place, as a shop window is the first, front, and crucial part of the image of a shop showing what it is like, implying that the wellbeing of the hospital's image rested on the Outpatient Department. Sister cleverly used this idea, using the metaphor to make her own point that if that meaning were so, more resources were needed to improve the department, and by implication this was in the power of the shopowners or hospital managers.

Sister's free use of metaphors for the Department reflected her interest and belief in her own knowledge of the Department as a whole, important in her role as manager - her sphere/world, as much as separate clinics or staff. This is an example of the importance, in interpreting the data, of identifying the tenors people use, not just the vehicles, as clues to what is central to their thinking and the way they structure their world. Other staff did not use metaphors of the Department, which suggests Sister's own role and viewpoint was not appreciated by others. There were occasional comments about the physical building, eg Mr Rutt in the above discussion said "There's the ambiance but that's Sister's job", and in my interview "the rooms are like a prison cell." His first comment did give some acknowledgment of Sister's role in the

"Department" as a physical space. Sister also talked metaphorically about what she did with various pieces of work (not directly with patients, ie not nursing), eg we need to "clear" a map through Mr Morris, or Mr Flood (the new consultant) "would have to handle that very carefully" when talking about patients making follow up appointments at reception rather than making them with the medical secretary, as now happened in the breast clinic. Such comments suggest she felt secure in her management role.

METAPHORS OF PATIENTS

In the Outpatient Study there were few explicit metaphors of patients. Patients were referred to as such by all staff. There were instances however where patients were described according to type. These types were formed by categories used by staff. For example, "old patients" or "follow-ups" were those patients attending for a second or subsequent appointment. Patients were described as "DNAs" (Did Not Attend) or "quickies" (those expected to need short appointments), as "major/minor", "extras" (patients who had a late appointment slotted in) or as urgent patients. All these imply that patients are viewed in categories and according to categories which are likely to be meaningless to them and not appearing to consider them as individuals (eg would a patient wish to be described as a quickie?) with, to them, serious problems.

There were other examples where patients were described in terms of their condition or statements were made about them. The former

hospital and it does provide good material both for medical students and housemen". I shall refer to the metaphor "material" later.

Mr Leyton's secretary referred to his work being largely vascular and lower bowel, not doing much breast work, also "a straightforward hernia would have an appointment of 15 minutes." But she also referred to vasectomy patients. There were instances where she referred to patients initially in terms of their conditions, eg "Mr Leyton tends to be cautious; for example there may be rectal bleeding but this only ends up as piles but he still sees the patient." Another secretary talked of what happens if a (GP) letter "looks like a stomach condition." Another talked of the "lumps and bumps clinic" and that "the medical student seeing the patient provides practice for the student". A clinic nurse talked of Mr Leyton having "taken over the varicose veins". When I asked Mr Leyton about follow up appointments, he replied "we follow cancer, certain vascular conditions, inflammatory bowel disease on regular appointments". All these examples show how the staff view their world in terms of clinical conditions and categories, as well as clinics. Clinical conditions and categories form the material (Mr Rutt's metaphor) they work on, with the clinic system being the way they view the work they do in the outpatient service. All such metaphors treat "the patient" as part of a group - not necessarily as a discrete entity within it, eg "keep clinic flowing" implies a gelled mass or liquid rather than separate beings or things moving through.

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There were familiar references to patients as "cases" eg Mr Leyton's secretary said it will be two weeks before a certain patient gets her urgent admission because next week "there are big cases booked", or Mr Cliff suggesting that "the specialist seeing the GP letters could write down whether it is a long or short case". This reinforces the implication that patients are seen in terms of their clinical characteristics, which is likely to act as a form of protection for the clinician, and helps them to focus on the medical aspects. This is not surprising if patients are also seen as "material" or as a commodity.

More can be gleaned from metaphoric expressions used about what happens to patients or, very occasionally, what patients do.

One example of the latter was of Mr Rutt responding to my question on what difficulties we have in giving a good service by: "What makes it particularly difficult is patients who do not turn up or default." These patients, referred to more generally as DNAs, are seen by him as defaulting with connotations of criminal activity. Interestingly, it was Mr Rutt who described the rooms generally (of the consulting suite) as "like a prison cell", a related metaphor. So he and patients, present and interacting with him within a clinic

need to abide by rules (which the doctor has designed - as the appointment system) and both should have a reasonable environment.

Many more metaphors describe what happened to patients or what was done to them. For example, Dr Hill: surgeons "get through twice as many (patients) as physicians as the problem is more clear cut.....The surgeon may advise the GP on 'management'". Mr Leyton's secretary: "When the patient is a follow up he may well ask for them to be re-weighed. In fact a lot of diabetics have been 'picked up' like that although this may not be the condition they have come for." A similar phrase was used by Mr Leyton. Mr Hobson, during a clinic, said about a particular patient: "He will probably need something doing", and, "women tend to have (urological) conditions which can be managed on an outpatient basis", and in interview, "The art is to make them (the patients) think they have had a lot of time". Mr Leyton said: "All patients must be seen in clinic before an operation", and: "All new patients have urine tested."

The metaphor of "management" of conditions or of patients was one I heard elsewhere, by health professionals. The connotations here are of control by someone or something else. There are status connotations too, a manager being higher than the one managed. The verb metaphors above reinforce this notion of passivity, with things being done to patients. The idea of diabetics being 'picked up' (used by both Mr Leyton and his secretary), for example, conveys impressions of being found out, 'nabbed' even, and thereafter

trapped. This may be part of a wider "prison" metaphor, which I discuss in Chapter 10.

Nurses used verb metaphors about patients which reflected similar notions. A clinic nurse referred to a room being "used for eyes"; another clinic nurse said "House Officers would put patients outside (in the waiting hall) with the request cards (for further tests) and not tell the nurse", and that "we undress them as little as possible". So nurses also would refer to conditions, and describe patients as passive - in the last metaphor, patients could be seen as children, but hardly as normal or ambulant adults.

Procedures or conditions were referred to by everyday names. For example, the fine needle aspiration procedure in breast clinics was described to patients as "like a bee sting." Mr Cliff said some patients just come in and have a "chat." His medical secretary talked of something which could be "nasty." Mr Hobson expressed doubt about surgical and medical patients being mixed on a ward as the surgical patients might be "too dirty." Mr Lane's secretary said "small pieces" are taken in the breast clinic (biopsy samples). Nurses and secretaries referred to "lumps and bumps." There may be several reasons for this; one is a process of translation into "easy" language for lay people and patients in particular. This did not always happen though; I heard Mr Cliff say to a patient "it's probably just a patch of mastitis" and I wondered if she would understand, as if they belonged to a different world. Conversely, especially when talking amongst themselves as I observed in the

clinics, doctors would give relief or a light tone to their conversation by familiarising medical language as if it were not to be taken too seriously or its unpleasantness made too open, eg Dr Hobson talked to me about "passing" an endoscope. Again, these may be attempts by staff to protect themselves from unpleasantness experienced by patients.

I felt Sister was trying to see things from the patient viewpoint, perhaps fairly readily for her as she moved through the "patient" hall (as it was called by Mr Rutt), and this was her own territory (as seen by Mr Leyton who said "that is all for Sister" referring to the ambiance of the Department); she said that they "have to weigh people in front of the public which is diabolical". She also described patients as being at a "low ebb" - another metaphor akin to passivity, and perhaps being used by her to explain why they were seen as passive and not active in their care - a way of reconciling to herself the clashing metaphors of passivity versus patients as central people.

SUMMARY

In this chapter I have discussed metaphors from the Outpatient case study, under a number of themes: metaphors of a clinic as machine, metaphors of nurses and their dilemma, metaphors of doctors, and considered metaphors of patients and what happens to patients. All these have implications for beliefs and interaction of the various groups of the people involved, as I have drawn out.

CHAPTER 8

PARTICIPANTS OWN METAPHORS: CASE STUDY 2 - WESTON HOUSE

INTRODUCTION

In Chapter 1 I described the context of this case study: a saga lasting some months in which I was an active participant and which centred around the purchase and difficulties of our obtaining planning permission to convert Weston House into a home and day hospital for elderly mentally ill people.

WESTON HOUSE: THE BATTLE

While the Weston House saga was going on, the prominent metaphor about the situation was that of war, or a battle over this particular issue. In this metaphor, the organisation of the Health Authority was acting as one army, and the battle was with people outside. An internal war metaphor would be taboo as we work together corporately for agreed purposes, according to the usual open official rhetoric. Nonetheless an internal war metaphor might be implicit, and there were instances of this.

Many of the instances of the battle metaphor were from Hugh the DGM, interestingly. It was as if, as the leader of the organisation -perhaps as an army general?- and the man who would bear responsibility for the outcome, he was conscious of a determination

to win and the potential vulnerability of his own position if we lost.

Examples were: Hugh suggested we should ask the Planning Officer Mr Fish what we should do to "divert the flak" (from him - as he was caught up in this fight). He said that with two people, Ann Swann and Patty, we had "strong ammunition", and there was the question of how far we might have a public "campaign" before the first Planning Committee. Both these comments were within small internal meetings of those of us involved. To me he said, having had an unsatisfactory 'phone call from Mrs Brown (a new Health Authority member who sat on the Planning Committee): "Mrs Brown is agin it. I tried to get her in for half an hour but she wasn't having it. I do not think we can get her round. The best we can do is try to 'neutralise' her". In conversation with Jim, we agreed not to let it be known we were considering a possible "fall back position" of using Weston House just as a residential home, with no daypatients. The battle metaphor was also apparent from neighbours: Mr Green said to Mick and me that he felt "a duty to fight this one" to preserve the character of the neighbourhood for future generations. From his point of view, a metaphor that conveyed individuals battling against a vast bureaucracy (as we were described at one stage) was a useful one, to gain support for his cause.

Less explicitly, Hugh said we could contact councillors but we could not be seen to be exerting "pressure". Norman reported to me that Patty had met neighbours and it had been a "fiery meeting".

Councillor Bunce referred to the Planning Officer's report to the Committee only giving five pages to the "other side" of the case. We are not getting a fair deal on this, he said. This latter was an example of the need to abide by rules in a situation of opposing sides, here as if the Planning Committee was a judge in a court of law.

Although the battle metaphor was used freely internally, and, to me, it represented how I felt we stood in relation to the neighbours, it was not used by all participants. Jim, in particular, did not use it and talked about being open with the neighbours and explaining our policies to them. He, I felt, tended to use the "Management By Objectives" metaphor (see case study in Chapter 9) and implications that everyone could all work well together on a rational basis. To me perhaps the battle metaphor came readily, given my MOD experience. So I could be ready to 'transfer' that vehicle to another tenor world.

We had to be careful how the battle metaphor was used. It was a "taboo" metaphor - a notion I come to again in Chapter 10. We could not be seen to be openly engaged in a fight against a few individuals. For example, Cyril talked about the danger of "overkill" from our side. One of the Alliance Councillors at our briefing meeting said: "I think there is beginning to be a feeling that there is overkill on the Health Authority's case....I'm for it, but when I was told that you were coming this evening I thought I don't know - I don't want to hear any more about Weston House". We

debated the extent of the public "campaign" - the view particularly from Cyril being that a "campaign" should not be public,(but perhaps enacted as a secret war - undercover), whereas Jim, who did not seem to be operating the battle metaphor, was in favour of lobbying Councillors and talking to neighbours freely. So too was Ann Swann: she, living opposite to Weston House, would not wish to be seen fighting her own neighbours.

VIVID METAPHORS IN THE WESTON HOUSE DEBATE

Vivid and memorable metaphors were used in the open debates about whether the Weston House development would go ahead. They were effective in persuasion, as we would expect from the discussion earlier in Chapter 3. These metaphors had significant attractive or unattractive connotations. There were broad implicit metaphors underlying the debate, e.g. the elderly patient as helpless underdog against self-satisfied uncaring neighbours. Thus, we described potential patients as "elderly mentally frail" (frail implies helpless and harmless) rather than, say, disturbed which would also have given connotations of danger possibly even violence. This connotation was countered by hyperbole: "One might see an elderly person moving to the Coach House and taking up an activity but not using a chainsaw". (Councillor Beamwood at Council Meeting).

We were wanting to be seen to be acting as responsible guardians, safeguarding these helpless old people. Thus, for example, Hugh said at the briefing meeting with Alliance Councillors, countering

the query why were we not moving people into small houses as with the mental handicap service, "We did the mental handicap service in stages moving to smaller and smaller units. This is a new service and we are being cautious to safeguard the care of the people". An interesting point here is that different people had different ideas of a normal house size: the Alliance Councillor here thought Weston House was too large, whereas neighbours argued it was and should remain a "family" house, Councillor Bunce called it a "modest family house".

We wanted to emphasise that the development would not be intrusive, and a pleasing metaphor was used by one Councillor at the Council meeting:
"A small scale domestic facility of this kind would not indeed make an impact on the neighbourhood. At night or evening the confusion of elderly people would settle down like a blanket. How much more nuisance is a multi-occupation of flats or a large family with teenage children".

The metaphor (partly a simile) "settle down like a blanket" appeared particularly helpful to our broad metaphor here, as it conveyed associations of quiet, softness and comfort, muffling of any noise, settling silently like snow or sand - the very opposite of violence or disturbance. The word "blanket" also conveys a homely, domestic picture to the listener, ordinary and harmless and in the dark, when usually encountered, not even visible. It also holds a significant aesthetic aspect from its aptness within itself - its literal sense

- as the elderly people would indeed be settling down to sleep with blankets. Thus the vehicle fits or resonates with the tenor and is not here 'foreign', to use Mooij's (1976) term. In consequence the metaphor does not jar when spoken, and this reinforces the impression of peace and comfort conveyed through the cognitive interpretation.

Thus a single metaphor could powerfully give impressions of harmlessness in accord with the broad metaphor stressed by Weston House supporters. It could have been countered, of course; confused elderly people may be indeed prone to wander and make noises at night, unless drugged which could go against our metaphor of being responsible guardians of these people.

There were parts of our broad metaphor that were difficult for opponents to counter. They could not use metaphors of patients that implied they were dangerous or unpleasant as these would be taboo. They could, however, imply that, more impersonally and remote from their individuality, the whole mass of elderly mentally ill people were a "problem": for example, "I have sympathy with the problem that the Health Authority have. There is a limit to this kind of people. If there are too many there is not enough to take care of them" (Councillor Clare at Council meeting). Here, the problem was not one to be faced by society at large but the Health Authority's.

Opponents could, however, counter our underlying responsible guardian metaphor by stressing unsuitability of Weston House for

patients. Thus: "It is very much second best. They have made a mistake, not enough room for cars to turn..." (Councillor Bunce at Council meeting). Such statements still colluded with the idea of the patients as helpless and harmless.

Other metaphors used by opponents were to do with their own position as responsible guardians of the neighbourhood, which Weston House would spoil. Thus Mr Green talked to us of "preserving the neighbourhood for future generations". At the Council meeting, Councillor Bunce said:"I am concerned at ghetto areas in my area". When a more distant neighbour 'phoned me he said "the region is dominated by facilities for the elderly and infirm. I would prefer to see, say, a children's home". The ghetto metaphor was potentially useful because of the connotations of unpleasant as well as crowded living conditions, by implication totally unsuitable for elderly helpless people. It was also vivid, conveying strong visual images of slums, a vehicle domain distanced from the tenor domain of, in the District Valuer's words, "an exclusive residential area". Exclusive was rather a dead metaphor here but, enlivening it, we see that the residents were trying to exclude different people.

The image of the Health Authority spoiling a pleasant residential area was countered by a Councillor trying to switch the topic away from physical facilities to the patients. Councillor Patty at the Council meeting: "We are talking not about bricks and mortar but about people". Buildings, or a residential area, here, were being stressed as objects, hence unimportant compared with people, i.e.

the elderly mentally ill who qualified for the unstigmatised term "people".

There were some instances, during the heated Council debate, of personal metaphors. Councillor Patty: "I have a spectacle of a group of Councillors (Planning Committee) who banded together and looked pathetically at officers to find a reason for refusal(of the planning application". Thus opposing Councillors were like criminals and unable to act in a reasonable way as they should. Councillor Coke: "All prejudice is coming out of the woodwork gradually". Thus opposition was being associated with low forms of (insect) life .... "we are left with a nasty taste that they do not want these people on their patch. If they talk about property values, that is appalling. It should be a caring community".

Such metaphors were risky. At one point when Councillor Patty referred to "Backscratching - a political motive" there were murmurings in the meeting and cries of shame. Although supporters of our proposals were denigrating neighbours as selfish, the metaphors were close to being personal insults and therefore taboo.

The Weston House debate thus consisted of a number of underlying metaphors. On our side we had the "society is a caring community" metaphor, which was ultimately difficult for opponents to counter, when they were beginning to look selfish in the metaphors they used, e.g.when talking about ghettos. We had, then, opposing broad underlying metaphors which became spoken or explicit through

specific colluding metaphors, with varying target domains or tenors.These specific metaphors were only a small selection: many more could have been chosen, or different ones, to convey the same implicit underlying metaphor.

"Around" all this was the situation metaphor of the battle, and it was as if the metaphors were also battling for dominance. In the battle situation, both metaphors and negative metaphors were being used. We see here a number of colliding metaphors - a notion I discuss in Chapter 10.

WESTON HOUSE - WHAT WAS IT?

As a new development, not yet in being, no one knew what Weston House would be like once we, the Health Authority, had converted and re-opened it. We did not know. It was a new type of facility: as the DGM said to the Alliance group: "This is the smallest unit of its kind being planned as far as we know".(ie in the UK for this kind of patient). So it was a new situation: one in which labels for other notions were used to try to describe it: an instance of metaphors being used to name new concepts - see Chapter 3. The common ones were "home" and "hospital", chosen respectively, for their connotations, by those who were in favour of or against it.

Our emphasis was on that of a home. This term is used for medium scale institutions, e.g. old people's home but because of its common

use as family or individual home, it retains connotations of being small scale, familiar, acceptable and a pleasant place to be.
"Government policy on care in the community encourages people to stay in homes": So said Paul Max, Health Authority member during November's Council meeting. Our application for planning permission, and the way we described Weston House was as a home.

This description was not straightforward, applied to this sort of facility. There has been research in other contexts of the notion of home: Willcocks,Peace and Kellaher(1987) for example, in discussing applicability of the concept of "home" to local authority residential accommodation, say:" there hasn't been any real challenge to those who write policy documents; in practice therefore the metaphor of domesticity has been extensively employed in the residential context, with the result that an old persons' residence is construed as home. But the metaphor starts to break down when the distance between home in its traditional sense and home in a residential sense becomes too great"(p.4). They go on in the book to show that the "domestic" nomenclature does not relate comfortably in the residential setting - which still retains characteristics of institutions, with a suggestion that these are in part inherited from old workhouse practices.

On the other hand, opponents of the development were wanting to imply Weston House was a hospital:
"We are adding another institution (to the area). This is wrong. In short it is a hospital....the rooms are unsuitable. It is a

modest family house"(as it stands). (Councillor Bunce during the November Council meeting). Not only was he emphasising (by contrast with a home) the connotations of noise, obtrusiveness, size, unpleasant appearance, he was also indicating here how the 'hospital' notion did not fit either a residential neighbourhood or Weston House itself as a building. His use of a condensed (and explicitly so: "in short") metaphor form gave more impact than a simile here. We, in contrast, wanted to avoid the connotations of a hospital. In a letter to the Planning Officer we said Weston House would enable people to live at home "without the stigma of attending a traditional hospital".

We were there referring to a psychiatric hospital and the stigma associated with it (as for example recorded by Goffman(1968) in his work on stigma) arguing that for the benefit of the patients, there would be no stigma here. We would have said that the term 'hospital' was inappropriate for Weston House because of its size: it was "a small scale domestic facility" (Councillor Patty). A Councillor supporting us at the Council meeting said "It's not good enough to lock them away in a hospital", implying both that the existing large psychiatric hospital was undesirable (as a prison) and that Weston House by contrast was not a hospital.

The opposing neighbours were saying that the term "home" was not appropriate because of levels of activity, and numbers of people, and also physical size in that they said we would probably extend the buildings in future.

So we had two metaphors vying for dominance. The issue was of the words being inappropriate or foreign, to different speakers/listeners in the context of the Weston House saga. Which metaphor was seen to be more apt was important in the debate, in the fight over Weston House becoming this facility (home or hospital), because of the relative aptness of each term to other beliefs about, say, a 'normal' house size, or a largely residential neighbourhood, as well as what was seen as implying an appropriate form of care.

This terminology choice has wider implications for the policy of "community care". In the geriatric case study (see Chapter 9) and later in Chapter 11, I discuss more the use of the word "community" as opposed to "hospital". When people are outside hospital, they are considered by health service staff to be "in the community" even if in sheltered housing complexes, say, or in residential or nursing homes. But perhaps a facility such as Weston House was nothing more than a small hospital, with similar "institutional" practices. The way in which rooms were designated, say, as 'Occupational Therapy' or 'consultant's office' would reinforce this view. Because we were locating it outside the boundaries of a large traditional hospital we were able to call it community care. One of the Alliance Councillors at our meeting to brief them said:

"The Planning Committee have turned it down on grounds of institution and character of the neighbourhood, not on any technical ground, in fact it is the same as where they wanted to turn down a home for spastics and neighbours objected - it is appalling but we have got to move them into the community".

The DGM had said in his introductory talk that it was successive Governments' policy to move to a community-based service. Here, 'community' again seems to mean 'not hospital'. The connotations of community are constant and close social contact and caring, though this might not be too prevalent in the Weston House neighbourhood. There was an argument that by dispersing facilities, they would be closer to where people lived, but this would only be true if many such small facilities were created. In this instance, we knew Weston House would be the only such facility in Barton. It was a replacement for some patients of alternative facilities at a large psychiatric hospital in Stoke, 20 miles away, but would not necessarily be in people's own "community", which is perhaps only the immediate neighbourhood or street nowadays (as suggested for example, by a new emphasis on small neighbourhoods in District nursing), if that, especially when the person is old and mentally disturbed.

If, from the neighbours' point of view, we were building a hospital in their community (and these are colliding thoughts unlike 'home' and 'community' which fit or collude), this would be bringing the neighbours close to a hospital with its attendant stigma, and associations perhaps of bad feelings about relatives' illnesses. E.g. Mick said to me after we had seen the next door neighbours: "They are afraid of seeing her mother again and feeling guilty". But in general, no-one likes hospital, and 'hospital' and 'home' are opposing ideas.

The word "institution" was also being applied. Councillor Beamwood at the second Planning Committee said that, in the interim (since the first Committee), the word "institution" had been a most important one..."the Health Authority do wish to set up an institution of a sort at Weston House that is in keeping with Government thinking". It was acknowledged that this word had different meanings. Councillor Clare: "No one disagrees with the policy behind this. There are different meanings of institution. The difficulty is where is the right place". The issue here was the ambiguity of the word "institution" in a debate where it was applied to the new concept of "Weston House". We tended not to use it because of the hospital connotations and those of undesirable forms of care, but because of its ambiguity it was difficult to argue directly against its use: we had instead to promote other metaphors.

So we have a set of unclear terms about the unknown Weston House: hospital, home, institution, community: multiple metaphors being used by protagonists to influence the prominence of associations around Weston House, and metaphors which may appear to collude (home and community), or be in opposition (hospital and home).

WHAT THE DEBATE SAID ABOUT THE PATIENTS

There were metaphors around the patients to do with their being helpless and harmless, hence for example we called them elderly mentally frail, rather than mentally ill or disturbed. Frailty has non-threatening associations of physical frailty: delicate and weak

people who should be looked after by a "caring community". There were several instances of these people as "burdens", though. For example, Councillor Bunce (opposing Weston House) said "We are starting to overburden a particular area of Barton and loading an area with a problem that cannot be borne". Councillor Beamwood said that Weston House was "for confused people of 76, 77, 78 and a burden to relatives, not noisy or disturbed in that sense". Another Councillor said: "I support the recommendation...today's debate will set off the future debates in every part of the District in a human and Christian way. We all have to bear a share of this. It ought to be their (neighbours') privilege".

This last speaker I am quoting was acknowledging the burden metaphor but trying to turn it, saying that it should be regarded as a privilege - a burden, yes, but welcomed and gladly borne. One can almost hear the neighbours muttering in the gallery (though I do not recall this) that it was all very well for him to say this, the pious creature, (or possibly a more vivid phrase). This 'duty' image may even have reinforced the burden metaphor, not helping the Weston House case. Generally, people do not want to have a burden thrust upon them. This was therefore the use of a rather inappropriate metaphor to our side of the argument with an attempt to use it to our advantage, not, in the event, coming across as successfully as, say, the Outpatient Sister's comment about the shop window where she was able to use someone else's metaphor neatly to make a point (see Chapter 7). This is attempting to influence the interpretation of the metaphor through emphasising certain

associations or connections, e.g. the metaphorical association of the nobility of bearing a burden gladly, or, in Sister's case, drawing on the contiguous idea of a shop window needing to be dressed.

Given that these people were seen as a burden, the associated issues where change was being talked of, was removal of the burden, and who bears it. This naturally led on to the feeling that these people should be hidden away, put somewhere, or put away, although "to lock them away in a hospital" was not good enough. The emphasis on placing the burden was evident in Councillor Bunce's comment: "No one is keener than I am to get them in the right place", and another opposing Councillor: "the house is not in the right place - the rooms are too small". The impression I held was that the public view (and since these comments were made in a public debate they would be likely to reflect widely held opinions, I thought), was that these burdens should be removed from relatives, by keeping them away from their own homes but nonetheless being seen to be in the community. It is interesting that the length of stay of such people in Weston House was not an issue here, as if it was assumed that people would stay as long as necessary, perhaps indefinitely, that as long as they were not 'locked away' in a (remote and impersonal) 'hospital', all was well. The length of stay or "type of patient" was an issue internally, as the consultant Dr Pamela had not decided who should be cared for there. Our concern was to be providing a place "in the community" i.e. not a psychiatric hospital.

Within the Health Authority, we tended to refer to the prospective residents as people or as patients, where we referred to them at all, which was not often as we tended to talk as much about the 'service', a metaphor I discuss further in Chapter 11. Both 'people' and 'patients' were fairly vague terms in the context of this specific development - the people who would use the service seemed distant. Indeed, we in the DHA all talked of "users", referring to staff representatives who would decide what kind of work was done to Weston House in the project planning team. This was a common term in such developments, but noticeably did not apply to the people/patients/clients who would use the service - these people were as if discounted. A further example of the distance felt, in absence of reference to the future patients or residents, was during our discussion about how many beds we could in the end fit in to Weston House, when Nick said "There presumably would not be anything to stop the consultant filling them (beds)", as if the patients were unnamed blocks of substance, fitting indeed with a patient as commodity metaphor, as substances moved around, but with unidentified value.

My analysis of the third case study (Chapter 9) contains more on views about elderly people, and I pick up this aspect from all three Case Studies when I look at the tenor of "patients" in Chapter 11.

WESTON HOUSE: HOW WE DESCRIBED WHAT WE WERE DOING

While we were using a battle metaphor to describe the situation with neighbour opponents, a number of phrases were being used to describe what we were doing generally, phrases which seemed to imply a "moving forward" metaphor, generally, acting on things on the way. So there are some similarities in association with the battle metaphor, but not so well when we look at the specific metaphors quoted. On the other hand, many of the verbatim metaphors fit the logger model described in Chapter 6 reasonably well.

Phrases which indicate a moving forward include: the Regional Officer saying we would have to go in stages; the District Valuer talked of our decision to go at risk; the vendor said one thing he could do was wait and hope we could move fast enough. Our legal adviser said we could not stall until mid-October, and Hugh said to Jim, about hastening conversion work, could you push that forward? Most of these simply indicated moving along, implicitly together in one direction, but the last talked of pushing something: the development, scheme, topic, issue as an entity, which shows collusion with the logger model.

Other metaphors indicated movement of some sort, this time in varying ways: the District Valuer said if there was another buyer he would "probably have come in with a figure". Jim said he did not know whether anything (a petition in favour) would turn up. Some

metaphors were about positions, which I can see as fitting a military metaphor, but there could be others eg a game. Norman said he was 'all set up' to do doorknocking. Hugh said that Ann Swann should brief Alliance members as she is 'right in it'. I suggested to Jim we should 'stick with' ten beds and not reduce them. More metaphors were about entities of some sort: Mr Fish said he would be aiming to "iron out some problems" if possible when he met us, i.e. problems between us and neighbours - thus entailing smoothing the way ahead perhaps. He said some of the City Councillors may want to "delve into" the matter before the Planning Committee meeting.

When discussing the nursing home regulations, Hugh began the meeting by saying: "let's get the facts out on the table". When we had rung round Councillors, Jim said to me: "They now know they have got to take notice as we have flagged up to them the issues". The Press Officer said we needed to "hook (the need for the unit) onto something of news value". Hugh said the argument (about nursing home regulations not being applicable to Weston House) did not really "stand up".

In all of these, what we are dealing with, or giving attention to, is being described as entities which do things or we do things to, the entities being called, say, the problems, the matter, the facts, issues, something of news value, the argument, with different verb metaphors. The logger model is one possible perspective from all this where the entities, which are the essential material worked on, are described as issues, but it is interesting that 'the argument

not standing up' does not feature in the logger model as I have described it in Chapter 6. We could consider this as suggesting another metaphor which would be about both arguments and proposals being raised, standing up or falling down (or being shot down) in turn and what goes on being described in terms of that simple model. To me this recalls the "Aunt Sally" model of a former boss: that as Planning Officers we worked by setting up semi-serious proposals in the expectation they would be knocked down and thereby replaced, to fill a gap, until a suitable proposal was 'put forward' and agreed.

WINNING THE DEBATE

Given all these metaphors used in the Weston House debate, it is interesting to speculate how the debate was won by the Weston House supporters, in terms of the metaphors used. I can do this by looking at the Council debate, assuming that many Councillors had not made up their minds in advance. Prior to the debate, the voting in Planning Committee was almost even (9-8 against), with a majority in favour of referring to full Council.

It was in the Council debate that the notion of the "caring community" was prominent, and the debate moved away from Weston House as intrusion on the neighbourhood, as Councillors appeared to want to take a wider, more general view. This was manifested in wider tenors of the metaphors used. The 'burden' was to be shared by the caring community of Barton. Going into the details of that burden - the associated implications of unpleasantness and nuisance,

say, was itself taboo as denigrating elderly people would run counter to the notion of a caring community; (metaphors themselves then can determine what is taboo); nonetheless the counter-arguments of neighbours depended just on these implications because what Weston House meant for the neighbourhood would be so closely associated with the presence of its elderly residents. Weston House itself had become explained by: Weston House is an example of community care, rather than: Weston House is a planning decision which will be detrimental to the neighbourhood. Their only hope would have been to divorce these by arguing (as they attempted) that the Weston House conversion would be of no benefit to the elderly mentally ill: that looking after the elderly was one thing, converting a family house into a Hospital was another. They might have achieved this by using the contrasting but coherent metaphors of Hospital and Community - but the interpretation of these was not generally familiar. One problem they had was that no other model of care for elderly people was around, apart from traditional hospital care, which was widely seen as inappropriate. "Care in the community" had not been widely, publicly explained as being care at home, for example, which could have argued against Weston House. In other words, the only ready interpretation of the powerful metaphor "the burden will be shared by this caring community" was that Weston House would be allowed to go ahead by the neighbourhood.

They attempted to use a "ghetto" metaphor, which, clashing as it did with the 'community' metaphor, might have worked. Councillor Bunce said: "I am concerned at ghetto areas in my area. We are starting

to overburden a particular area of Barton...". But whereas its use could have implied "ghettos are unpleasant and not suitable places for elderly people to live in", it seemed to be interpreted as "elderly people create ghettos, which are unsuitable for us neighbours to live in", thus both denigrating elderly people and portraying neighbours as selfish snobs.

This section has raised a number of points about the use of metaphors to persuade, in a situation full of multiple metaphors. Firstly, there is the relationship between a metaphor of a generalised tenor (the elderly) as opposed to a specific new one (Weston House), and how one can impact on the other. The argument can move from one to the other. Secondly, there is the related question of whether such metaphors can be divorced, by use of contrasting but coherent (Hospital-Community) or clashing (Community-Ghetto) metaphors. Thirdly, the use of certain vivid and aesthetic metaphors (eg the blanket) can sway the debate. Finally, the importance of metaphor interpretation is seen in the ambiguity associated with "community" say, very much open to interpretation; and also in the metaphor of the ghetto - which whilst a clear metaphor itself (i.e. with clear connotations) was open to interpretation in an ambiguous context, which if anything, linked this metaphor with the 'burden' metaphor.

SUMMARY

I have selected from this case study some particular themes: how the DGM used the battle metaphor to lead this major project, how various vivid metaphors were used in practice in the debate, descriptions of Weston House as tenor and of patients as tenor, and discussed progression of the debate. So I have demonstrated further uses of metaphor and also signalled some insights both on the workings of the Health Authority and on the subject of metaphor, which I pursue in Chapters 10 and 11.

CHAPTER 9

PARTICIPANTS' OWN METAPHORS:CASE STUDY 3 - GERIATRIC SERVICES

INTRODUCTION

This case study yielded an extensive amount of verbatim data through transcribed tapes, all of which I have analysed for metaphors people used, in the way I described in Chapter 5. This Chapter contains a summary analysis of each interview and group discussion and in Appendix D I have included a fuller analysis from the two group discussions. In this Chapter I am particularly concentrating on demonstrating how people, coming from their various standpoints, use different metaphors, around a similar topic i.e. services for elderly people, and also in different contexts use similar metaphors, as well as suggesting some implications for the health service of the particular metaphors they use. These people are: Care Attendant Coordinator, Pat; Manager of Geriatric Hospital, Susan; Sheltered Housing Warden, Jane; Director of Nursing, Nick; Service Development Officer, Norman; Consultant Geriatrician, Dr Carter; Day Hospital Sister, Liz; and, Community Unit General Manager, Jim.

CARE ATTENDANT COORDINATOR: PAT

Pat was a soft-spoken qualified nurse, who related views she had heard: e.g. "I've heard talk..." was used several times in my

interview with her. She was somewhat timid, referring to the consultants as a "higher level".

She referred to her service "giving the right level of support" to help keep people in their own homes. This was the rationale for her service: to keep people in their own homes was a recurring theme. To do this, the metaphor Pat operated was one of putting in or going in with levels of care; she described top-up care. The metaphor was of filling the patient as container with care in various quantities to respond to need. This had implications: first, if the container is being filled by care attendant services, what need is there for other services? When I asked Pat about this, she hesitated, then described respite care (where patients are in hospital for a couple of weeks to give families a break) as being for carers. But when talking about respite care she talked of 'concentrated physio' to keep them 'up to scratch' - again as filling a vessel with a quantity of substance called care.

The very label 'respite care' - a widely used term, not just by Pat - implies relief of a burden (another metaphor) from which the carer needs a break. Where the burden metaphor is used, there is an implication of its being lifted by being moved elsewhere, i.e. the patient is moved, just as in the Weston House debate one question was where the 'burden' would be placed. So two metaphors operate for 'respite care', i.e. burden removal and filling the patient vessel, and Pat switched from one to the other as I asked questions. She said there were not enough community physiotherapists. "That's

another thing - we could have more community physios going round...(to homes)...might save the need for people to go in and have this boost of physio". She admitted this was "confusing", i.e. the purposes of respite care, then said it and day hospitals, day centres, do save "breakdown at home".

So the patient as vessel could be filled with care at home, according to Pat's thinking, as this metaphor is worked through. The burden metaphor is left, and the implication of this is that if the burden is not removed (occasionally) there can be a 'breakdown of the home situation'; this metaphor stands for a sudden catastrophic event; the illustration Pat gave me was the carer going sick, "both end up in hospital taking up two beds". The 'breakdown' has to be avoided because consumption of health resources results. These two metaphors 'burden' and 'breakdown' fit to suggest that the burden can become too much and cause collapse: that physical removal of the elderly person is desirable or else the stable home disappears, the consequence being indefinite hospital care.

That point may reasonably be reached anyway, though. Pat said: "People should be, I know, allowed to be at home. But there does come a time when they obviously need to be admitted somewhere", i.e. moved somewhere else. "Relatives...can carry things for so long but there comes a point when they cannot keep on".

Pat, like others, showed in verb metaphors her view of the passivity of elderly people. For example, 'keeping them in their homes'.

"Picked up lady with a dense stroke...went to hospital...we've had a trial at home...just one example of getting them out of hospital". "Day hospital/centres to get lonely people out of their own home". "They need to be kept going". "People should be allowed to be at home". People should not be "shoved in somewhere, but placed in.. so it looks more normal, like an ordinary home". Both these last verbs imply the elderly person is passive, although "placed" is used in (desirable) contrast to "shoved in". Pat herself though, was against this passivity: "They need stimulating, need a bomb behind them, some of them, to do anything". Her 'message' to the organisation was "to find out what elderly people themselves want, not just to arran...(arrange, I think she was going to say) to do what we think".

When talking of the planned change by which the care attendants would move across to Social Services as an extended home help scheme, she said it should work as long as Social Services play ball, put in money and accept cases referred. Apart from the instance of the game metaphor in the idiom or frozen metaphor 'play ball', a market or trade metaphor is implied with patients as commodity - referred to in this context, distantly, as 'cases'.

Pat also discussed sheltered housing. There were complex categories of placement: "Part 2" was sheltered housing, "Part 3" was residential home, and locally, Part 2 1/2 meant sheltered housing with some care attendant support. There was also "Part 2 1/2 with top-up care", which meant more care attendant hours. The

difference, said Pat, between that and Part 3 was that Part 2 1/2 plus top-up allowed people still to have their own homes, their own front door. So she saw sheltered housing as satisfying this paramount 'own home' criterion. Nevertheless she also said "there could be better use of premises like Victory House" - as if the facilities there - which appeared controlled by the warden (people refer to "warden-controlled housing"), were available for organisations to use - not just individual residents.

All this is understandable. Care attendants see to one individual over a long period of time and see a need to vary the effort they put in according to variable but slow-changing need. The tendency to see the disabled elderly person (perhaps deaf, confused, poor-sighted with attendant difficult communication) as a passive object is recognised, at least in others, and abhorred, going against the idea of treating them as individuals with human freewill.

MANAGER OF GERIATRIC HOSPITAL: SUSAN

Susan, a qualified nurse, became hospital manager about two years before my interview with her. Many metaphors Susan used were about the hospital as tenor, that being the focus of her world, encompassed by her stated job. Many others were about how patients were treated.

At the start, Susan referred to the hospital as the workhouse. "No other way (other than closing the hospital) of getting rid of the workhouse image". "How people see care of the elderly - is the workhouse". "At the end of a productive working life, the best we can offer is a bed in the workhouse". This was in effect Susan's own commentary on the commonly shared metaphor of this hospital as workhouse, and the effect this had. Workhouse here is being used metaphorically, as the hospital is still "seen as" the workhouse, although it also has a literal interpretation as the hospital buildings were once the workhouse buildings. Because of the widespread and entrenched use of the workhouse metaphor, Susan was saying, other metaphors of care of elderly people could not replace it. Hence something as drastic as closing the hospital had to take place - a dramatic example of the power of an entrenched perspective - of the power of metaphor.

She talked of nurses institutionalising patients, and that nurses were themselves institutionalised, and illustrated this with set meal and bed times. She wanted to take away the worry and stigma of 'ending up' in a geriatric hospital, as if that were the final and worst situation and irreversible. It was a "Cinderella" service with connotations of being thought little of and impoverished. Thus various metaphors were being used: the workhouse, institution with rigid rules, the end, and offering a Cinderella service. She gave her own view of what a hospital for old people ought to be - a "part of living" and not a separate part. This was in the context of talking about how makeup was important to women whatever their age.

"You can't stop things you normally do". "My mother would die without lipstick on". This metaphor "a part of living" is in direct contrast to the common metaphors of hospital as institution or the polarisation: Hospital vs. Community. By the latter I mean the two negative metaphors of: Hospital is not Community and Community is not Hospital. This prevalent separation of the two ideas is shown in other phrases, e.g. Susan herself talked about "sending out more and more (patients)".It also then relates to the Hospital being seen as "In", and the Community as "Out", a notion I pursue further in Chapter 11 as I discuss an "Inside-Outside" metaphor.

Susan gave some ideas about the day hospital, which was generally assumed to stay open when the main geriatric hospital buildings closed. She said it was in the wrong place and we should 'pick up' the Day Hospital and put it on the District General Hospital (DGH) site, and 'take the mobile parts off it'. By which she meant that those 'parts' such as nurses doing dressings, or physiotherapy could be 'taken out and about to village halls'. She said one role of the Day Hospital was to be "fall back" to the Hospital - seeing patients every day was a good way of seeing they are OK and helps patients maintain hospital contact. I was surprised at this as the usual "fall back" to the Hospital would, because of the usual separation of the world into Hospital and Community, be professionals in the Community, GPs and District Nurses. It showed a wish to keep patients under constant surveillance. The 'mobile parts' of the day hospital seemed to be those already (supposed to be) being undertaken by District Nurses and other 'Community' staff, e.g.

Community Physiotherapists. What appeared to be her discounting of the work of community staff may be a natural consequence of her own hospital orientation. It may also have been a reflection of the taboo nature of closing or ending part of a service, implying the staff and their work were dispensible, which would be suggested by a replacement of the day hospital by community staff.

Another set of Susan's comments were about the care being given to patients. This particular hospital, she said, was not 'geared' to do 'fast stream' rehabilitation - a mixed metaphor of hospital as machine (geared) and patients moving along a 'river' but these did not clash or collide too overtly as both were common phrases, frozen metaphors.

The 'stream' metaphor, or more generally patients' progress as on a way, was shown in Susan's metaphor that this hospital was a caring establishment, not a 'get up and go' one and if they want to get someone home quickly, we'll 'slow it down'. She described a proposal for having a rehab (rehabilitation) ward in the hospital for younger patients - we are there talking about patients "well on the road to recovery", and maybe "topping up" what we're doing. The road reflects the use of an 'illness as journey' metaphor and Susan talked in the same breath about 'topping up', using the 'care as quantity of substance' metaphor seen before, e.g. by Pat, and in other phrases of Susan's: "how stretched the community services now feel", "community services haven't yet expanded to fill the (daughter/son) role".

When asked how small homes which could replace St Peter's Hospital would work, Susan said that a "lot of elderly care nursing has got a 'custodial' element, you know...keeping safe", with connotations of prison and warders or old psychiatric hospitals. She wanted to guide staff to 'letting' patients have a lot more say; even here, rather contradicting her overt point, she was implying a regime/institution/prison metaphor - a good example of an implicit verb metaphor.

She said we were sending out more and more (patients): "Are we never allowed to give up?" i.e. give up the problem, thus implying patients would not progress to health or home living but stay put physically - she saw this as contrary to the usual thinking of moving patients on. Always someone ready to push, she said. "We shouldn't be disrupting an elderly person's point of care all the time...you know, all this shunting backwards and forwards". Patients were here being seen as parcels, an instance of an interviewee using a vivid metaphor to object to what was going on around her - and I found this a common use, also seen in the Weston House debate.

She gave a neat metaphor on depersonalising: "Some of the awful things are the way we depersonalise them, 'strip' them of their personality...if you go into the DGH - the first thing - they take your clothes away, 'stick you' in a nightdress, pyjamas". The metaphor 'strip' appeared especially effective as it was followed closely by its literal use (see also the 'blanket' metaphor in

Weston House). But it also colludes here with the 'patient as parcel' metaphor, as stripping is similar to unwrapping.

It puzzled me, hearing this interview on tape, that Susan did not talk about doctors or use metaphors for them, her talk being much more of nursing care, patients and hospital. The nearest reference was describing a lady of 98 who died 2 days after the doctor's decision that 'we could treat the lady and get her home', that she probably didn't want to be "rehabilitated". I think she may have viewed the doctors as remote, perhaps saw little of them in practice (Dr Carter was the consultant for St Peter's) and hardly regarded them as people, as colleagues.

Finally, when talking about admission to long term residential care Susan said that for some patients, on their own they get tired of coping. "There's the anxiety of facing each day with no one very close". This notion of closeness being so important (though Susan refers to it as important in the context of people coping at home, rather than hospital) is one I return to again in Chapter 11 when I look at the metaphor of Inside-Outside.

SHELTERED HOUSING WARDEN:JANE

I had not met Jane before. She came over to me as someone who cared about the residents,was forthright in her views and definitely in charge of the building. This raises the first question - what is the place called? If it is a collection of people's own homes it can

hardly be called a house though the name of this place is "Victory House". Some people call these places "complexes"(including one resident I know) - with impersonal modern-building connotations. Jane herself called it "Part 2 1/2 scheme"; as with Pat's interview, this reflects the level of care (using the care as quantity of substance metaphor-see below) being between Part 2 where the warden only gives emergency cover,and Part 3 which locally was full-time residential care, but again a highly impersonal term. Here the warden was doing some caring and some care attendant support was provided.

One of the biggest issues to me, raised by what Jane said, was how far the residents could be seen as in their own homes. Jane said some patients from hospital long term came into the community here, using a Hospital- Community distinction I found in other interviews. To be discharged into "the Community" was seen as a Good Thing, which could be satisfied by sheltered housing. Jane stressed the "own home" idea - by contrasting it with residential care; where "they can't say to me I've got a flat of my own, and the postman and milk come and a shopping list to think about". However, there were many indications that the connotations of one's home did not apply here.

After a spell in a geriatric hospital which might be necessary say to rehabilitate from a stroke, said Jane, they "hopefully long term go back home again, or here or whatever", thus showing a distinction between sheltered housing and what later in the interview I felt

forced to call the "original home". It was in what happened to people and the relationship between them and Jane that I felt the "own home" concept was questionable. For example, "we get the ones" who are not such a "success", and "two failures shouldn't have been placed" (success and failure imply "residents as experiments" metaphor). "It took one lady 8 years to come out (of hospital), be independent and 'come to me'". One lady in hospital "begged me not to make her stay there": "Said she wanted to come home, I said of course". "You (the warden) can only do so much...can't 'take on board' half a dozen who are ill". All these examples showed the control Jane as warden was able to exercise over the residents' lives and in particular their status as resident. The very label "warden" has connotations of institutional care in an asylum or prison. A new resident had been heard asking who was the boss, though Jane did describe her as happy. Jane herself said that if there were more care attendants, "I'll take command" of the care attendants, "aim to use them all over the building". There was no doubt in her mind who was boss, and she seemed to enjoy it. When at the end of the interview I asked whether any could return to their "original homes", Jane said it depended on why they moved. If they came from hospital, had meals on wheels, relatives at weekends and "lifeline" (electronic on-call system around neck to alert a 'central control point'), no reason why someone couldn't live in their own home, she said. "Obviously if there is a stroke they need to be looked after." On reading this however, I was reminded of the record of Slack and Mulville(1988), where the lady concerned, who had had a stroke, was "looked after" adequately in the daughter's

home; there is an implication that in the minds of Jane and others "looked after" means some form of institutional care, including by the sound of it sheltered housing. So, how essential is sheltered housing I wonder, or is it just one more in the "range" of services which shows how much is there - a concept I explore further in Chapter 11.

In common with other interviewees, Jane used more vivid metaphors to be scathing about what should not happen e.g. They should be "allowed" to die with dignity and not "carted off" to hospital as soon as there is a problem. They ought to try "hoisting" somebody out to a Part 3 home when they don't want to go. While opposing "patient as commodity/parcel" metaphor, she was acknowledging it. There was a hint of that in her later comment: "It's one round of what the devil do we do with them - it's a headache", when talking later about people who can't cope in their own home and ought to be in residential care, before Part 2 1/2 homes existed. Residents were beings/parcels being moved around, disposed of from one bit of the service to another. But Jane herself talked of a patient who had fallen and for whom she had "a duty to do something" as she was a "danger to herself", who was admitted to hospital, and when Jane saw her she was catheterised , had nursing at night and Jane felt better about having her admitted. But to me, it seems catheterisation is a neat solution for incontinence and means the patient may remain tidy in bed. This phrase "danger to herself" and Jane's introduction "The day came" (to go into long term hospital care) together with phrases such as "there comes a point" suggests to me that there is an

accepted language - a kind of code - for the threshold beyond which to call in another service for a patient, perhaps triggering the patient's move.

In a couple of other references to hospital she said:" I wouldn't want to be up there (at St Peter's) sorting someone's life out", indicating the power she felt hospital staff had in placing an elderly person, as again a moveable commodity. In the tale of one patient, the consultant "had offered shared care", said she could go to the geriatric hospital, but as her (the resident's) mind was alert, Jane couldn't imagine it. Hidden in this is a reference to Jane being offered the service, an example not of the patient being customer but of professionals being customers of each other as they pass patients over in return for service - a variation of the market metaphor, on which I comment in Chapter 11.

In common with Pat and Susan, Jane referred to care as being "put in". In one case "All the back-up I could imagine came in". In another: "I didn't put an extreme amount in" (here, even the word care was omitted). And: "I should be able to draw in care attendants and have them at home". I put a "back-up meal in". (Wardens give meals only in emergency). All these instances of care being given as a substance (as a fuel even?) impersonalise the resident or patient who by implication is static. They also imply that the appropriate response to a resident who is at all worse is to provide more quantity, without necessarily explicitly distinguishing type of care or identifying its quality.

Although the questions I asked Jane were on the same lines as other interviews, Jane responded very much with individual resident's stories, including one who "died in my arms". This was how she saw her world, close to her residents; at one point she said: "You've got to take each case individually".

DIRECTOR OF COMMUNITY NURSING:NICK

Nick was a senior nurse who was very keen on management and talked a good deal in terms of respectable management jargon e.g. clear objectives. Shortly after this case study he spent some time at the DHSS; he seemed to want to be in a high-level management world and liked name-dropping.

One metaphor used not only by Nick but also by Pat and Jim was that of the "package" of care. "Health could participate in the formation of that total package", when talking about, for example, whether a listening service for carers was "Health's" role or not. A similar phrase used commonly was range of care options. The idea conveyed by the package is that "components" or "elements" of health care (both Nick's words) were available on offer, to provide a choice to whoever would use them. Similarly, Nick wanted to see a situation where "services would be relevant to the particular patch; flexible and responsive, it would include all elements for a good service". The argument is a persuasive one, with the connotations of "package" being desirable to managers to whom the variety or extensive list of services and their complementary nature are prestigious goals and

achievements, and "choice" a welcomed word, especially with connotations of empowerment of a disadvantaged group of people (client group).

On looking more closely at this metaphor and its use, the picture is not so clear, however. The metaphor is used to recommend new ideas and services, new "health care initiatives" as Nick called them. It is also used as an argument to retain securely services whose function is being questioned; I saw this particularly in Liz' interview when asking about the day hospital. Here with Nick, it was reflected in his wish to replace the geriatric hospitals by small rehabilitation units and continuing care units, arguing that "continuing care beds" were still needed. Again, the "package" is seen as a static entity with a single choice at one time, a long way from the perspective of service to the elderly person in their own home. Nick used some interesting metaphors related to the question of what is "home" vs. "hospital". At one point he distinguished home from sheltered housing (contrary to Jane's view): "we need collaboration in sheltered housing and also in the provision of services to people in their own home". He said "continuing care could be provided from elsewhere. This would give continuity of care from one environment to the base environment. What would go on would be in a relatively homely atmosphere, maintaining and perhaps restore some skills".

There are a few interesting apparent contradictions here. Firstly, "continuity of care", a metaphor implying smooth changes without

disruption, is usually taken to mean keeping people where they are or having them treated by the same staff (e.g. mothers having a dedicated midwife). Here the only continuity would be still receiving NHS services, and there would certainly be disruption. Secondly, he uses "base environment", a metaphor of total impersonality, to stand for home (and possibly other locations), but almost in the same breath refers to the hospital (or continuing care unit) being relatively "homely". This example is a striking indication of the power of colluding metaphors to turn or even twist (reminiscent of Beardsley's(1962) article "The Metaphorical Twist") one's perceptions into something very different which nonetheless sounds plausible (there is no record on tape that I questioned these statements at the time).

Nick talked a little about hospitals, patients and their care. Generally, he referred to "top-up" care, invoking the common "care as substance" metaphor, but also patients eventually needing "heavy care" - a metaphor which almost collides; care is not only a substance being "put in" to the patient but at the same time it forms a weight carried by the nurse/carer relating to the "burden" of actually having to lift the patient i.e. a resonating metaphor in its metonymical associations. He talked of respite care as "relief"(i.e. as of the patient as burden), but, unlike others, discussed his interpretation that respite did not necessarily mean spatial removal of the burden to another place, but could take place at home. He used an anecdote of one husband giving care to describe

this; a vivid illustration to counter the usual metaphorical interpretation of "respite" care.

In the anecdote of the husband, Nick said his wife was in a geriatric hospital (St. James'), the husband wanted her home and did it (achieved it) having been trained by the St. James nurses (Nick had just said: "we need to provide education and training to carers"), but when he went to bath her at Anton hospital, the nurses there were against it - it was immoral for him to be behind the curtains with her in a hospital ward, said Nick in an incredulous voice. This "prejudice" as Nick called it,seemed to reflect again the "space" notion: that the area belonged to nurses and he should not intrude, certainly as a carer, and breaking the conventions of what an (acute) "hospital" is, where the clinical and the personal are separate. At St. James though, the husband had been accepted as a pupil to the nurses as teachers. We have two clashing metaphors of hospital as clinical (and nurses') territory vs. hospital as school, with the dominant metaphor depending on the particular hospital.

As well as education, Nick used an "advocacy" metaphor: "you could have professionals acting in advocacy roles, within communities, promoting ideas e.g. better housing, advocacy would be for individuals and communities, acting on behalf of these people...influencing the political arena". Thus health service staff would take on the (prestigious) guise of a lawyer (barrister) defending the clients - indeed whole communities - against what? Presumably other agencies and local and national Government. This

would be a huge, glamorous role, greater than (though colluding with) that of the "patients' champion"(OPD Sister's metaphor), and not surprising that Nick as Director sought this. Later on, though, he wanted to "identify people as individuals, maintain personal dignity, so they would be motivated, self-directing, and act as their own advocate". There was clear conflict in applying the advocacy metaphor - wanting to increase staff power in the world at large but also acknowledging the customary rhetoric of empowering patients.

Finally, on patients and their care, Nick struggled to remember a vivid metaphor a nurse had used, as an example of problems in care in the acute hospitals. He launched into the story of an old lady admitted to Anton Hospital, having collapsed in town. Nick first saw her in a waiting area clutching a bowl, feeling sick. He followed her as she was admitted to the ward without her approval: "I stood there, pretending to read the report". Staff Nurse said to the Sister who asked what was wrong:..."she's no prize". Just before, Nick had said "she's no catch..no,why can't I remember,it's imprinted on my brain". This was a negative metaphor, but vivid and snappy, and unlikely, because unusual, to be in opposition to the corresponding positive metaphor elsewhere. Hence it did not have the "risk" element of some negative metaphors, which I discuss in Chapter 10, and appeared in the vivid visual context of an old lady being helped into a ward. The implications are of the opposite of something being welcomed, and of something of intrinsic value. Whether positively or negatively the metaphor conveyed

depersonalisation. As Nick said: "I said to her, what do you mean. She said: Oh well, she's just like all the others we've got in the ward, elderly and dependent.".Then Nick said to me:"see this is the acute bit(of the service) working. That sort of attitude carries itself forward...they give a different level of service, not consciously I don't think". Nick recognised that this metaphor was used and shared unconsciously, as an ideology.

COMMUNITY UNIT SERVICE DEVELOPMENT OFFICER:NORMAN

Norman was a close colleague of mine on a number of planning projects and we got on well, despite some initial rivalry. He had a generally easy-going attitude though questioning of others' thinking, and so I felt this interview would easily be informal except insofar as he might want to demonstrate, through the interview, to Jim and Dr Carter that he had good ideas. His own thinking clearly developed during the hour. He emphasised care in people's own homes very much, talked about that at length, then in beginning to talk about day hospitals (going through the usual range or list of services in his mind) he said "actually um..I'm beginning to change this" and went on to question the need for day hospitals at all, given adequate support in people's own homes.

He used the "package" of care metaphor already encountered with Nick and others, but saw some problems with it. At first he contrasted it with a "jungle". We need to have the right people in St. Peters and Easton (geriatric) hospitals and the right people in Part 3 (Local

Authority residential homes) - "My impression now is it's all a bit of a jungle". And in sheltered housing people were "tripping over professionals" coming unannounced into the building. Both these metaphors colluded to give connotations of chaos, incoherence, untidiness and disorganisation. In contrast the package or range of care has connotations of coherence. Norman suggested Housing, Social Services, NHS combine to give packages of care to people in their own homes. But he saw a problem as he used that metaphor: "I wouldn't want to move into a different category of care as I get older with a different package" (where a different package could mean a different location or different people giving care) and moved away from the metaphor, to saying "we need to look at who's doing what in a person's home".

In line with the package concept, Norman talked of levels of input e.g.basic nursing, bathing, toiletting would be one level of input (to a person's home), another level for injections. Levels of basic skills were bound up in staff. Care, and correspondingly skills, were given in different levels not just by quantity (as say from much of Jane's interview) but by type. The impression was still that of layers of care given on top of each other and put in.

In discussing services and how care is given in practice, Norman used a variety of metaphors. He said "St. Peter's as I understand it has a bit of a stigma of the old workhouse". He then contrasted this metaphor with his own thoughts in saying we need a small unit (to replace St. Peter's), homely, not clinical, almost "a doctor's

home". This metaphor, which I have not heard again, reflected simply the essential qualities of what Norman wanted - a definite home (not just homely) but with the security of a medical presence.

Home care would work partly by there being a "tie between the group of people managing the person and the GP that's going to be the gateway to hospital services". These multiple metaphors (tie, managing and gateway) which again may arise from the multiple vehicles of Norman's views do not appear to clash as their tenors differ. However, the GP himself is also quite reasonably managing both the person (as Stott(1991)records) and the gateway to hospital, both being ways of viewing (and emphasising) the multiplicity of what he does - a complex situation satisfactorily reflected by multiple metaphors. As regards the role of a consultant in home care, Norman considered: "the consultant may deliver an opinion that permits them to stay in their own home". Thus, the consultant is seen as a powerful being who must be obeyed by the person who may or may not be "permitted" to stay. Ultimately, the person may not stay. According to Norman, as with others, "there may come a point where it's not practicable". Unlike others interviewed though, Norman went on to consider what this "point" meant: the last few weeks (later he said the last few days) or being treated and then going back (home).

Norman linked up day services with thoughts on home care. "Day hospitals wouldn't have to see people...(but) they pick up cases needing to be treated...maybe no need for day hospitals, old people can see GPs, why need day hospitals if clinical requirements are

picked up through GP surgeries". This is an interesting example as it shows the use of a metaphor ("picking up") in the development of personal thinking. If that is what day hospitals do, reasoned Norman, then GPs are supposed to be doing that, as they are the first people to "pick up patients" out of the general population, bringing them into the NHS network (or system or market). One usual view is that day hospitals are needed to do "rehabilitation" but as Norman said, "I'm not clear on rehabilitation" - a specialised NHS jargon word not used in everyday language (except with the unfortunate connotations of "rehabilitation of offenders") and not understood, because,it seems to me, it was not seen in terms of an agreed metaphor clearly capable of extension.

In talking about different agencies, Norman brought in metaphors of how organisations did things and how things were done generally. He advocated collaboration by saying agencies should be brought into a "pool", and determine "roles" instead of individual "strategies". Three metaphors of homogeneous pool, roles in theatre, and military strategies are here, each offering a hint of how agencies should work - that they should come together, take complementary functions and forget the campaigning, go it alone, planning. Perhaps he was needing to use multiple metaphors to describe this rather abstract, global situation which was difficult to grasp, each to shed a little light from their own perspective, whereas a single metaphor could adequately convey meaning in a concrete situation e.g.he said "I wouldn't like to be whisked off to continuing care".

Within the DHA, Norman felt there should be management arrangements (on discharges from Acute beds) to "cut across the boundary" between the Units (Acute and Community), and talked of the "hospital end" and "Community end"; similar metaphors, both conveying distance, but while boundary implies separation, "end" implies linkage. He used "boundaries" when emphasising a problem of separation needing to be overcome, though this is usually a taboo metaphor (going against the fundamental notion of the team all working together happily), and converted the idea to "ends" in the context of services becoming "stretched" by the ageing population. Here, he was making a descriptive comparison of services, which are linked and both being stretched to some extent. So we can see how context-dependent the effectiveness of two similar metaphors is; multiple metaphors can be variations on a theme.

In recommending that Agencies (Health, Housing, Social services) worked together he first tried a business-economic rational decision-making model: the ageing population was a "demand we can't resist"; "we've got to describe a model", he said, "agree the kinds of care they need, then decide how best to provide that care in the context of who we've got now". Elsewhere he said we should "invest" in staff to treat people at home, that staying (in hospital) long-term was no "value" to patients or the NHS. So he was considering the NHS and others from an economic perspective, perhaps not surprisingly as he was shortly to embark on an MBA course, and may also have been influenced by Jim's views. It is also not

surprising that, as a career manager (as he told me), he used the organisation as tenor.

CONSULTANT GERIATRICIAN:DR CARTER

Dr Carter was very interested in management. As a group leader he felt he was doing management as well as his clinical role. One of his parting shots as I left him at the end of an earlier conversation was: "You know,I'd much rather be doing a lot more management than my clinical work". It is not surprising, then, that a lot of his metaphorical talk was about how things were done generally. A recurrent theme, whether he was talking about clinical work or how things were generally done, was seeing things in terms of problems.

The way he described patients was somewhat unusual. Like other interviewees, he did talk of "people who can be managed in their own homes", and, describing the rehabilitation service he'd like to see: "it would be properly staffed, so you know they're being properly managed". He hesitated over what to call them:"client..er..person". But he was forthright. Some patients were "horrible, nasty, ungrateful". So although insulting, he was seeing patients as human beings! He said patients generally should be appreciative in return for the service they were getting, and when in the service, there are constraints they have to accept, and "if they don't like it, that's tough". So care was given to patients on bargaining terms as Dr Carter saw it rather than as a free service, and

patients should abide by certain rules. He described one patient at St. James' geriatric hospital: "she's not being maintained, so she's sitting there - it's a waste". In other words, the person is not being "maintained" like a machine, engine or car, to be kept going, and this was a waste, seen in terms of economics, resources and values. The "economics" metaphor (also used by Norman) can readily be mixed with another, as here, a car engine (say) because it is itself simple yet abstract so that its connotations do not openly conflict with a more concrete metaphor. It would conflict, though, with a notion of "service" as freely given, which (as above) Dr Carter did not subscribe to.

He described how St James was when he first arrived, using (as was common) vivid metaphors to depict an unsatisfactory situation. This would fit with people generally being more confident of what is wrong, seeing it, than they are in visualising the future they want. He said there were an awful lot of beds, too close, nurses were "humping a heap of patients around". We are back to patients as impersonal lumps of substance or parcels being shifted.

Metaphors about what was desirable were less vivid. A continuing care facility would be a "longstop" for psychogeriatrics, conveying the same idea as a back-up or safety-net, where people might "end up" if there is nowhere else. He said it would all be more diffuse. This suggests that providing a variety of services closer to people is going to be harder to grasp and control, which may help to

explain the tendency to stick with large hospital buildings in providing care for elderly people.

A few metaphors of staff were used. He saw the consultant as leader (but making its metaphorical nature explicit): "I expect in the team meeting the consultant to be the leader as it were, asking for example, how's the physio going". This seemed a reasonable view, not at all unexpected, so I was surprised by the qualifier "as it were". Perhaps he did not want to appear to dominate and did not want others to feel too reliant on him; he did at one stage say "I feel threatened if I don't see patients often enough, I'm happier if I can rely on the medical input" (i.e. his junior medical staff). "I whisk around the ward, come back and the patient's not better, God what have I missed, I feel threatened". This interesting statement suggests how a consultant might appear god-like or priest-like - whisking around briefly, but that he sees himself as in too responsible a position.

He described care in the community in terms of problems: "if the old person's at home, get into any difficulties, they would know or someone would know how to get the problem resolved. It's the way you set about solving this problem e.g. day hospital if it's not severe. If its acute, severe, I like to feel the GP's the prime mover. They should turn to GP or resource centre:'I have this problem'. Then go in promptly, sort out and overcome issue. There may be 2 nights a week when the elderly person could have a sitter or something else".

Later, in a group discussion, he described this as a "complex management exercise".

Thus, the difficulties would be various types of problem, to be responded to by a particular service e.g. day hospital - hence the range/package of service perspective fits the problem solving metaphor here. Whoever "goes in" (to the person/person's home) needs to solve the problem. It could be either the GP or consultant, but the GP should initiate this as "prime mover". Dr Carter is careful, as the OPD consultants were, to establish other doctors as leaders too; he does not lead them.

He said nurses need to have their own "backstage"; and "nurses get demoralised, they maybe have a backstage to go to but are hard worked". This backstage is somewhere they can go away from where they are playing demanding roles, acting out a part where they cannot be themselves. As with the theatre metaphor before in the OPD case study one wonders where the patients are - possibly the passive audience. What is asked of the nurses, to provide tender loving care as a free service, is not natural, implied Dr Carter, who just before had made the point that patients need to appreciate a good service in return for getting it, and as he said shortly after, if (nurses are) well motivated they "have to get something back". From this, we are back to the economic model; so we see these linking in a coherent way.

Dr Carter used a variety of metaphors when considering how things are done in the organisation generally. "Where you draw lines you create problems." Here, the "components or services as building blocks" metaphor is introduced. Dr Carter did recognise problems with this view of services. On rehabilitation, he said he was happy with the elements of the system but they need to be "knit together" so they are uniformly good.

I felt Dr Carter was wanting to get to grips with (or grasp, by means of concepts, perhaps) what management was. Another glimpse of the economic/rational model was seen in his wish "to be able to measure what we are doing, not just numbers but how well the population are doing in terms of functional ability and relate to resources". Discussing resources in the NHS, his next comment was "There's a different atmosphere among consultants - at the acute Board (i.e. the Hospital Management Board at the DGH) meeting - some Clinical Directors haven't a clue yet, some do. Mr Morris (the Acute Unit UGM) does. I'm impressed. He's actually shaping something - getting the message across to Clinical Directors. They're struggling to get to grips with something totally alien, most are miles away but have some whiffs of what it's about". I interpret this interesting passage which contains several metaphors of its own as being a comment on how Clinical Directors are receiving the economic model, and accepting it to differing extents. It is an ideology as I described in Chapter 3 (a "message" in Dr Carter's terms) being promoted by managers and not yet taken on by clinicians, even those in "management" roles - but Dr Carter thought they should, working

to an economic model himself. Fittingly, one of his own sidelines was as a property businessman, in nursing homes. Within the passage, Dr Carter has a multitude of metaphors: there is an "atmosphere" which has "whiffs" - as the economic model drifts its scent across (a metaphor of a metaphor) - a vivid way of describing a closely aligned idea of "getting the message across". That "whiff" is also seen as indicating a concrete entity, needing to be got to grips with, and possessing a striking character - "alien". The connotations suggest it is something to be reckoned with as well as being a long way (miles away - a colluding metaphor with alien) from where "the consultants are" in their thinking (hence they struggle, and haven't a clue). Across these miles the "whiffs" appear though the new ideas can't yet be gripped (by touch). It is quite remarkable to me how complex the relationships between the metaphors are, when analysed as here, given that the remarks were all "off the cuff" by one individual, yet both can be understood and convey an impression of understanding. This all lends support to the view of the fundamentally metaphorical structure of everyday language and in particular, that the study of everyday language may be similar to that of literature, as Thompson and Thompson (1987), for example, suggest in their study of Shakespeare.

Having introduced spatial ideas, seen in Dr Carter's "miles away", we can go on to another prominent metaphor of Dr Carter which was about management as a journey, fitting with much of Jim's ideas. When expressing a desire for more management type input, he said "we've come a long way, but there's a way to go". He said we need

to be "going for" other organisations or structures in the community. His final forceful point - his 'message' which I asked for was: "I know where we're going and would really like it for there to be the machinery to get us there. The mechanics I'm not sure I understand. You can do it in an old Volkswagen or you can do it in an Alfa Romeo: that's great, the engine really goes, you can hear how it's doing, you can feel how its doing, it would be nice to be able to do it like that!". Here he vividly linked an organisation as car/engine/machine metaphor with going along the management road.

GERIATRIC DAY HOSPITAL SISTER: LIZ MILLS

Sister Liz Mills had run the day hospital for some time. She seemed to represent an odd mixture of traditional hospital nurse and someone able at times to take viewpoints of patients and relatives. This odd mixture is clear from a comment she made well on in the interview: "I like the clinical atmosphere but I wouldn't want to go to a day hospital". Also: "the day hospital is big, spacious, lovely, - a bit daunting for some of the patients". But her ambivalence may be explained by her recent spell in hospital as a patient, and that she was shortly to retire early on medical grounds. At one stage she said "Bearing in mind that I'm going to be one of them...". To Liz, patients were 'patients', not 'clients': by implication, they were passive and needing overseeing and treatment, rather than just advice on a peer take-it-or-leave-it basis.

She immediately went on to say "It (the day hospital) gives people a chance to care for their relatives longer in the Community". I thought it was interesting that she referred to the elderly person's relatives as "people", rather than the elderly people themselves, who seem to take on an image of not being a whole person when they become, say, a 'patient'. This sort of idea came through also in her verb metaphors: in the day hospital "feeding the patients", "giving people breaks so they can cope with managing elderly relatives at home", in the day hospital (we are) "organising them all the time from the moment they walk in the door". Liz said she was interested in screening: "Screening - that's a good thing - I mean I'm interested". "Keeping tabs on them before they become ill". In all these, patients are more like children or animals, passive, controlled and "managed", rather than independent adult human beings. She did say we were trying (in hospital - her past experience) to treat them as individuals, not as a whole, not as the "elderly in the corner sort of business", and said "Privacy and dignity - I think that's very important to be maintained in the elderly." But even this last phrase, though appearing to give status to elderly people, uses that verb "maintain".

Consultants "keep them on longer than they need" (at the day hospital). There were some patients, of whom you can't give them any more. Most are on their own and "in a few weeks you're going to get them back again". Some patients don't want to pay to go to a day centre: "They play the system". Thus, patients are disposed of from

one service to another - rather like parcels, being passed through the 'system' between professionals, services and places.

Liz talked a little about the hospital/community/home concepts apparent in the Weston House debate. In hospital, she said, their privacy is 'invaded' (a military confrontation disapproved of by Liz). She described her recent spell in hospital, where she'd complained of lack of privacy: she was "on the other side of the fence". She referred to St Peter's (where the day hospital is sited) as the old workhouse: "they're coming into the workhouse", hence patients did not like coming. She said, when I asked about her views for services generally in future, that: "It's sweeping but I'd like to 'keep them in the community'. I'd like to stay home." Then when later I asked her what she meant by community, she responded: "the patient in their own home, but also Part 2, Part 2 1/2." A reference to home was made in describing one "poor man stuck out in the sticks". He was in his own home, but Sister's perspective, from the hospital site, was of this being unhappily remote from anywhere. Within this confusion, the day hospital was "halfway and community oriented" ie somewhere between "hospital" and "community". But she also said that day centres keep the patient "out there" from her distant hospital perspective and she said we should keep people "out in the community as long as possible".

Liz used a few other metaphors about what went on: "sometimes we expect them to be Olympic athletes" - a vivid metaphor denigrating, I suspect, the common view of forcefulness (even bullying) of

physiotherapists. She said it was a job to "keep on top of what medication they were having - sometimes a whole carrier bag full belongs to them". This hyperbole emphasised the difficult nurse's job in relation to knowing what doctors have prescribed - but they had to "keep on top" or be in control. By implication, patients were not always "on top" of their medication. There was an "educating" role needed: "We don't seem to be able to educate our GPs - all of them.... I suppose it's another thing I'd like to see... making the GPs more aware"; "One goes into someone's home and thinks: Hmm - it's a bit pongy, but they're quite happy. I think an awful lot of education would have to be done - I certainly would have to accept the clients/patients standards as opposed to what I consider"; even "perhaps the NHS needs re-educating to thinking a little bit more about what goes into the community side as opposed to what goes into the hospital side".

In much of this, the dilemma of Sister heading up the day hospital - wanting to expand it yet resisting diluting its professionalism - against what she could see, standing back, were patients' views, was apparent - and reminiscent of the OPD clinic nurse dilemma of coping with the clinic situation versus regarding the patient as an individual.

When she thought about the others I was going to interview, she said,"I'm at the grass roots and they're all up there"; this was in the context of her pointing out that she had never met Jim. Here she was reflecting the common orientational metaphor (see Lakoff and

Johnson(1980) or Tolaas(1991)) of senior management being "up", with direct patient care being down here, at the grass roots. Senior managers were remote from her world - "up there". Up is of course also used as a metaphor for status and power and gives those connotations when used in another context, and in this case indicating a feeling of powerlessness of Sister in relation to what else was going on in the organisation.

COMMUNITY UNIT GENERAL MANAGER:JIM

Jim's interview revealed a mixture of metaphors about patient care, and metaphors about how things were done in general, which I think of as his "management world".

Unlike most interviewees, Jim referred to patients as people: e.g. "we have got to assume we expect to provide services where people are". He did this consistently, apart from isolated instances of "the individual". However, other views of elderly people are apparent from his verb metaphors describing what happens to them. Like others, he talked of "maintaining" people wherever they are, we "move people", people could be "sustained" in other forms of accommodation, people "surrender" financial rights when they enter (hospital or local authority home), rehabilitation was to restore or maintain levels of independence to dress, "feed", cook etc. There are almost certainly people who can't be "contained" at home or Part 2 or 3, and on rehabilitation, it may not be most efficient to "transplant them to their own home" directly. With all these, the

elderly person is passive and depersonalised, even being in turn maintained, sustained and contained! Nevertheless, Jim said at one point, though as if it were a public("official") message: "One of our prime jobs must be to help people stay where they are", which does not use metaphors of passivity and control.

His most vivid metaphor was, as with other interviewees, to denigrate things that happened. Thus, "many of these places (local authority residential homes) are run like Army camps". Though derived from a military context, this closely colludes with the hospital as prison metaphor, (and Jim implied hospitals were similar), given the connotations of restriction, uniformity, regularity and enforced obedience. He acknowledged the view of St Peter's hospital as workhouse: "There is still a stigma attached to St Peter's, people still recall the Poor Law days - the hospital workhouse. Elderly people would rather do anything than go in...It is perceived by many as the final resting place". The latter metaphor could apply to any institution for elderly people, and would be difficult to displace. The "workhouse" metaphor is however a convenient one, on which to hang anything unpleasant about the hospital, using the metaphor as a vivid concise message as I discuss in Chapter 3, and by implication the hospital cannot be improved until the buildings are demolished.

When he talked about services and care he used four main metaphors: education, care as levels, problems/solutions, and services as components.

The education metaphor appeared mainly in Jim's description of rehabilitation: "people who have been in hospital a long time, have to relearn the skills of everyday living"; "rehabilitation is a resource where individuals are helped to relearn or develop skills of everyday living...resources are geared to providing teaching...place where they relearn or maintain skills to allow them to be as independent as possible". The education metaphor is the one which justifies a service called "rehabilitation", though when I questioned whether it needs to be in a designated place, Jim answered rather uncertainly: "as I understand it, it's to do with concentration of equipment and resources in terms of staff". The education metaphor could not it seemed be extended sufficiently to indicate how rehabilitation could happen.

There were a few suggestions of the metaphor used mainly by my nurse interviewees, of care as levels of substance being "put in", but this may be a 'second hand metaphor' i.e. not one he is using for his own private use to sort out his world, but being passed on to Jim who uses the phrases without appreciating or using the implications. Thus:"I understand it is illegal for us to top up nursing home places", or again on rehabilitation, the "concentration of staff in a designated place is a question of a high level needed for intensive programmes". There was also some evidence that Jim saw his world in terms of problems and solutions, an interesting contrast with the economics model I discuss below. For Jim, it is documented that many people in Part 2, Part 3 have medical problems which are containable but never for some reason receive attention.

To Jim, there are lists of services seen as "components". The "NHS components" are acute beds at the DGH, rehab(rehabilitation) beds and a day hospital close to it in each sector. Colluding with this is the idea of the range of services as something to be desired. "What is needed at home is a "whole string of support networks". "Support to allow carers to continue to care...that may be a whole range of other services: short term admission, day care, care attendant support, night sitting, and others. "An objective is to try and assess how many can be looked after in Part 2, 2 1/2, 3 providing a range of services could be provided". "Doctors will no longer talk about 'my beds' but we would have a whole range of services to people in Part 3, Part 2 etc." So the 'component' metaphor moves away from the 'doctor as master' - fittingly, in line with the belief that all professionals have a role to play in the 'Cinderella' services such as geriatrics. The 'component' or 'range' perspective sits oddly with, say, the 'care as quantity' model, 'the economic world' or the 'management as journey' model(see below) but can be reconciled with the problems metaphor: "these problems require special solutions".

Jim also dipped into the system metaphor: "The whole of the (hospital) routine tends to foster dependence on the system". His explanation of why medical problems don't receive attention is "Our systems at the moment don't allow that". When I asked what "our systems" were, he said "facilities play a part but the attitudes which underpin the facilities we provide, staff skills and skills in the system to maintain ideals in the face of an environment that's

not conducive to this". I felt he was using the 'system' metaphor to avoid imputing blame, just as he quickly moved on from attitudes (which could be blameworthy) to staff skills - i.e. back to the education metaphor.

Jim had a management services background. So it was not surprising that he used an economic/rational model with business language, in describing what he wanted to see. For example, "we need to put more emphasis to what is needed to achieve the objective". "There may be people who if maintained in the community would cost us more. There is a trade-off there". "Funding of aids and adaptations is OK but we must respond to those needs in a flexible way. There is a cost breakeven point, beyond which it is not feasible to keep adapting". On providing long term care, location, scale etc would be a "matter for negotiation". We need to "strike the right deal". The economic model could not be applied straightforwardly, though: when describing residential homes as "Army camps", Jim said, "this all contrives to defeat the aims and objectives" (and so the economic model is overcome by a military metaphor).

Another dominant metaphor, which colludes with the economic model, if one thinks of an 'objective' as an 'endpoint', is that of management as a journey, people moving along a road, and with the idea of pulling together. As Jim said, "As we move down a new road, all sorts of opportunities may become apparent but I think the thrust of them is very clear in terms of approach. The direction is very much the direction we would proceed to drive". "There needs to

be a much tighter working pattern between Health, Social Services, Voluntary sector". "There's work going on on how to pull that (assessing and meeting elderly needs rapidly) together". Other things are: "pulled together" e.g. a draft policy document had just been produced ("pulled together from a discussion shared and ostensibly people are committed to that"); Jim was interested to see whether my interviews would reveal that commitment in practice - largely they appeared to because of the similar language used when I summarised them. It was when one probed on, say, what rehabilitation means that confusion and differences began to appear, and in this sort of analysis here, when the detail of the language is explored.

The "journey" metaphor was also applied to patient illness. Here, Jim referred to people "using other words: slow stream" when describing rehabilitation, for which he preferred the education metaphor. But he also talked of people who have "gone past the acute phase". This idea can be both a time metaphor and a spatial one - as a spatial one, it then becomes fitting for the patient physically to move - the patient journey has entered a new phase in another location. And yet, Jim and others emphasised the "prime job to help people stay where they are".

Jim finished with a mix of metaphors as his summary message to the organisation: "We have a challenge on our hands and we have to find a new way of meeting the demands. It's not a great deal of distance from what the staff and the (Health Authority) members and others

want to see happen anyway. The direction of the change is by and large one which I think people will support, recognising that other people may have to adapt their thinking, does lead to the change from current patterns of care in hospitals to one which is a much more community based set of care packages". Here we see the problem perspective ("challenge"), journey metaphor (a "new way" and "distance"), economic model ("meeting demands"), and components metaphor ("packages"). He was trying to cover all these perspectives in one go, not surprisingly in his UGM role, given that he was bombarded with various views and ideas, and expected to reconcile them. He was also expected, on a short term contract, to deliver some tangible progress soon - so he finished up with the 'package' concept by which progress could be shown.

GROUP DISCUSSIONS

I now move on to brief summaries of the main topics of two group discussions which were held with interviewees. A more detailed analysis is at Appendix D.

Group discussion: Nick, Dr Carter, Pat and Jane

The first discussion was with Nick, Dr Carter, Pat and Jane. It ranged widely, and I did not take much part myself except to steer back onto issues raised by their maps (see Chapter 5) where necessary.

At the start there were expressions of frustration from Jane and Pat- not surprisingly they saw this as an opportunity to lobby Nick and Dr Carter. But blaming external agencies (in this case the Housing Authority) was soon seen to be taboo: Nick said they all felt threatened by reorganisation. As Jane responded by making her complaint more explicit: Housing say "put her (i.e. an ill resident) into hospital", Dr Carter went on to a detailed exposition of what alternatives there are and attempted to reinforce his "problem" metaphor: "three things can happen...they get shipped out, they get referred...and try and sort the medical bit out, or three you carry on trying to manage them...The danger is..the problem underlying is not sorted out." He was opposing the idea of managing by applying more quantity of care, although Nick used just this metaphor shortly after: "we are not able to increase and decrease the level of services that's appropriate". Dr Carter spelt out the problem solving metaphor further, saying it was a "complex management exercise". But Nick responded using a favourite management phrase:"I was talking about the need to ensure services are relevant, flexible and responsive". I had the impression the idea of problem solving had passed Nick by: he could not relate to that thinking, saying instead I think it's because we're not able to increase and decrease the level of service. He went on to say people were too mixed up with what's going on and should "step outside"- they should step back and create space for themselves and he used examples of nursing in the new development at Anton hospital.

In this, patients, which had earlier been seen by Pat as a "burden on wardens" are to be "married up with tables" so they can read newspapers. So they are put in positions that set a scene, perhaps even posed like cutouts in a tableau. This is important: at this point Dr Carter described the scene as you go into the dayroom: "You'd think you were in a hotel". So appearance counts. Dr Carter also relates the staff problems not so much to space to think but that they don't know they can be boss - a glimpse of a master-servant metaphor.

The discussion moved on further, led now by Nick, on the situation at Anton. He told a story of the watershed in staff attitudes, once they had criticism from outside, it "really made them feel they were part of it". The problem was to sustain that feeling when different groups have their own territory. "Groups of people, physio, OT and so on..they would all go to their own ends". Later Nick said:" I'm sick of all this withdrawal into corners that's gone on at Anton. The territory metaphor, particularly vivid because professionals did have designated working areas in the new hospital, was being applied to the tasks people were doing. Nick also expanded on the "care as quantity" metaphor relating it to "levels of dependence". "Anyone discharged from hospital actually takes a nosedive for about 3 or 4 days. Their abilities and that fall".

Dr Carter could stand away from the war/territory metaphor as his 'role' is to 'hold together' views of OT, physio etc.," pull them all out so some sort of plan of action is confirmed. So they get on

with it". He did say he "feels a level of detachment", partly probably from his expressed interest in management rather than the clinical activities. Whatever antagonism exists between other professionals, he is out of it but pulls together the views to form a plan of patient care which is then acted on: directing care from a distance. This is how he solves a problem. If a problem does not appear to be solved, it is disposed of (by removal to another part of the system): 'Sometimes this lady's just got to go home".

He said he didn't have a direct role... "If I waded into St James and said :'You'll do things like this, like that, I'd hate it and so would they.' So he saw problems with the master-servant model but appeared unsure how to replace it. "I actually go around feeling terribly insecure...because here I am, flying around, and perhaps it's not working, perhaps there's a problem..."

At this point all participants except Nick have expressed frustrations and uncertainties and the discussion moved onto one of mutual support and status. Pat:" I think your job is to encourage as well."

The War metaphor, generally taboo, was seen occasionally in a follow up discussion of this group which happened to exclude Pat. Jane was suggesting GPs should visit those over 80. Dr Carter described a "health surveillance type system". Nick said: "To give early warning of problems arising, you've got to use the same series of questions...if you're in the front line with the patient and the GP

is, deficiencies are obvious". Such references to surveillance, early warning and the front line indicated the seriousness of the battle with (presumably) illness, the patients in the battle situation were not necessarily ill, yet seemed to be objects for surveillance.

Group Discussion: Norman, Liz, Susan

Similar thinking was apparent in the other group's discussion of the same topic. But the dilemma became explicit. As Liz and Norman agreed it could be an invasion and you would need people's permission, Liz said:" Mm..There's going to be some that are going to escape or...slip through the net whichever way you want to put it." So we have the NHS as a net with people being caught or trapped in its clutches (as I have myself thought of it).

Much of the second group's discussion was around educating people and what was needed to get services changed. At first the education metaphor was used in the context of educating about what day care means. I asked who should be reeducated, and later on, who should do it. Susan suggested informal carers should be reeducated, a harmless suggestion, as with the first group avoiding criticism of other groups except a nebulous vulnerable one. Norman responded to the metaphor by describing the process as brainstorming - and the subject might be links between services, so using a perspective of the system. During the discussion the system metaphor was juxtaposed with the care as quantity metaphor, again not clashing, with

different tenors, and the possibility of "care" being something in the system (an instance of "layering"-see Chapter 10). So Norman said: "somehow got to make a link between the level of domiciliary support and the level of day care required". Liz described people moving from service to service as "a sort of circular link all the time."

But Norman challenged the education metaphor, using it to convey his question and returning to it to reinforce his points. At the same time he challenged the "range" or components of service metaphor. "The difficulty I have with the notion of reeducation is quite what we're reeducating them to do...it's not a choice of one or the other but the theory should be that day care supplements domiciliary support at home...it seems to me we need to reeducate people in terms of the philosophy of the service."

Then I asked who should do the reeducating, and Susan described a system needing control:"there's no main coordinator." Notions of power and control and anything that conveys a military metaphor within the organisation is generally taboo, but the idea of coordination is ingrained in the NHS as being a main role of the old style administrator. I noticed Norman then challenged the single coordinator idea, turning it into a familiar group notion which fits NHS thinking prior to general management - and which he was used to, and also incidentally fitting the range metaphor with experiences rather than services as tenor - perhaps a case of metaphor transfer (see Chapter 10) and suggesting the more contributions, the merrier.

"I think that has to be a group because it will bring the range of experience."

Later in the discussion, when I was trying to get their group to propose anything which could be done now, Norman brought many metaphors together in a few phrases, showing that he had a grip on the various perspectives and also reflecting Jim's journey metaphor of management, not surprisingly as he may feel he is representing a general management view, being as he admitted to me, "a career manager".

"I think the groups are there and in a sense ready to roll. The question that's been raised here is whether they're actually performing the right role. But what the groups are not doing is cascading down through the service and re-educating people as to how the various services are being used. It's more describing what the services should be, within those groups at the moment".

Again, Norman tries to turn people away from the education view by implying this will come later - and implicitly following the "Management by Objectives" metaphor.

"Whether the task of a group should be to re-educate people on how to use domiciliary care and what's available.. I'm not sure you can do that until you actually know what it is you wish to provide".

Finally, Norman had raised the image of St Peters and how it could be improved. Liz made a comparison with the District General Hospital (the "County"): "I don't know if we're in a sort of

competition - I use that word lightly - with the County bearing in mind it's just had a new wing." She hesitated over using the competition metaphor (which colludes with a war or market metaphor) given its taboo nature against the view of all working together.But as the discussion developed it became a comparison of status with the DGH - status also being a taboo idea which conveys either lording it over someone or being dissatisfied - both unacceptable attitudes in the organisation. But a vivid metaphor - the Cinderella metaphor - conveyed concisely and powerfully that St Peter's was neglected but with potentially a successful future. Susan: "People are always very nice when they come to see us, they are very interested in what we're doing, but there's no doubt that St Peter's is the Cinderella compared to the County".

SUMMARY

I have given in some detail in this Chapter, using extensive verbatim data from this case study, a discussion of metaphors used by various participants, mainly in interviews with me. In doing so, I have highlighted some of the common metaphorical ideas used and demonstrated differences of view between participants. I return to a number of these themes now in Chapters 10 and 11.

CHAPTER 10

MULTIPLE METAPHORS

INTRODUCTION

In the Case Studies, I have shown how managers and care professionals in the organization use particular metaphors and what that may show about what is going on in the organisation. Before this I described the "logger model", my own model built up from data, and which, in an early form, I used in the fieldwork of Case Study 3. Now I go on in this Chapter to look at how people in the organisation use metaphors which relate to each other, what the significance of those relationships are, and hence suggest a framework which may be used to relate and organise the metaphors we come across, as well as drawing out some implications of the logger model.

MIXED METAPHORS AND MULTIPLE METAPHORS

Part of my interest in multiple metaphors and relating them stems from my noticing that much of the theory on metaphor only examines them singly, and that in the classical view 'mixed' metaphors at least were to be avoided. One classic example of a mixed metaphor is: (quoted by both Fowler(1968) and Turbayne(1970)): "I smell a rat. I see him hovering in the air. I will nip him in the bud".

Although this can easily be seen as an affront to one's sense of the elegance of English prose, nevertheless, even in this example, it is possible to understand what the speaker means. And this is the case in other examples. Here is another example from Kesey's (1962) novel " One flew over the Cuckoo's nest" (Miss Ratched is the Psychiatric Nurse, the speakers are patients):

"Harding: Our dear Miss Ratched? Our sweet smiling tender angel of mercy?..... A bitch? But a moment ago she was a ball-cutter, then a buzzard - or was it a chicken? Your metaphors are bumping into each other, my friend.

McMurphy: The hell with that; she's a bitch and a buzzard and a ball-cutter, and don't kid me, you know what I'm talking about."

There is a rich example in my own data. During a group discussion in Case study 3, Nick used the education metaphor which appeared to be a favourite, the topic was Leadership and the possibility of a coordinator for elderly care was being raised. Nick said: "It's about giving people...showing them the way, raising their awareness. Incredible (to) expect people working close to the situation to see what's happening - find they really are so deep in the trees they can't see the wood. Inhibited by being within it. Someone to metaphorically take them out of it and give them a different picture and it's startling isn't it because you can actually see them grow." In this interesting extract, Nick combined use of a forest, picture, and growth metaphors to indicate how he understood the process of people adapting to a different belief metaphor - in his terms, a different 'picture', using the familiar wood and trees idea, and

relating all this to his favourite education metaphor, using the word grow - organic growth being linked to education by the ready metaphorical association of 'development'. He used a mixture of metaphors which works because the familiarity of the wood/trees idiom is enlivened by the vividness and simplicity of the picture metaphor - and growth is a familiar idea coming from Nick in this context. Here also the overt tenors are different: the wood/trees describes the situation, the picture describes the belief/ideology metaphor, and grow refers to what happens to the person to be educated.

Ideas that mixed metaphors are unacceptable and/or dangerous may have prevented research into the way metaphors relate to each other. To me, the abhorrence of mixed metaphors within the classical view, together with the way in which other classical views of metaphor, e.g. the substitution view, have tended to be supplanted by more recent views, suggest that it may be a ripe field for investigation. I am not going to look here, though, so much at how a participant mixes metaphors within a particular phrase, as how metaphors work together in general use and some of the implications of these relationships between particular metaphors. To do this, I am concentrating here on some more frequent metaphors which appear to underlie individual statements in the Case Studies, and on the relationships between them. These are ones which can give insight through their perspective, sustained for a time, and their construction of the world around in those terms.

A further reason is that, as we have seen for example in the nursing dilemma in the outpatient study, people talk in multiple metaphors in their everyday language. I have also found that I cannot explore the implications of metaphor without myself introducing other metaphors. This is not surprising. As Norris (1982) points out, discussing a related area of semiology, there does not exist a metalinguistic method which could draw a rigorous line between its own operations and the language it works on. I am therefore immediately confronted by multiple metaphors, so it seems important to consider how metaphors work together.

Why do people use multiple metaphors? I will argue, for the same reasons as they use each single one (see Chapter 3). This is to retain ambiguity while at the same time revealing some richness of meaning and the freshness of original metaphors and juxtapositions; to create intimacy, make sense of the world, and to convey an image of themselves as speakers e.g. keeping up with the fashionable. For example, using both market and system metaphors within one conversation would serve to indicate familiarity with the latest NHS Reforms and also taking a respectable scientific attitude to them.

But there are further reasons. If you operate only one metaphor which is coherent, this can "fix" a view, just as choosing and expounding only one interpretation of a metaphor leaves you less open to other views. So in practice people usefully operate a variety of metaphors which apply to various tenors of which their world is made up, and are continually "switching" from one metaphor

to another, as metaphor provides space and displacement, in accordance with the ideas I introduced in Chapter 2, using, in particular, Parker's(1982) work. In this respect the way a stakeholder handles and receives multiple metaphors may be how one interprets a single metaphor, switching and testing connotations as they 'interact'. So what I am saying in this Chapter about "multiple metaphors" can be related back to the interaction theory originally designed to explain how single metaphors work.

As we have seen in Chapter 3, the question of deciding what is a good metaphor is fraught with difficulty. Criteria appear to be applicable to metaphor according to the presumed intended use; some criteria conflict. Other qualities are applicable only to transient use e.g. a fresh or novel metaphor becomes worn-out with use. Generally, given the importance of context which I emphasised in Chapter 5, the value of a particular metaphor will depend on its use in a particular setting. In Kuhn's (1979) discussion of metaphor and science, having related metaphor and scientific theory closely, he suggests that comparisons of theories are never sufficient to dictate choice of theory and, secondly, that successive theories are incommensurable: there is no neutral language into which both of the theories as well as the relevant data may be translated for purposes of comparison (see Chapter 4). Hoffman (1985) too raises doubts on the decideability of metaphor a priori. Instead, therefore, of culminating this research with one single proposed preferred metaphor of a DHA, I am going to use multiple metaphors from the

data analysis, together with the Logger model, to explore how they interact.

Mooij (1976) refers to the critic Cleanth Brooks' view that (for the poet at least) metaphors do not lie in the same plane or fit neatly edge to edge. There is a continual tilting of the planes; necessary overlappings, discrepancies, and contradictions. Although Brooks distinguishes the directness of science from this, there seems to me no reason why such a view of multiple metaphor should not apply in everyday organisational life and our understanding of it through organisational theories. His comments invoke to me the idea of a multi-dimensional kaleidoscope of metaphors, with colours both blending and clashing. Cooper (1986) P.224 refers to Barthes view that it is not the single utterance but a barrage of metaphors piled upon one another that can produce the sense of how the world is; and whole batteries of related and reiterated metaphorical expressions give the creative power of metaphor to effect change. Turbayne (1970) has said "Now there is no harm in using metaphors or in mixing them. In either case the price is vigilance, but in the latter the price is increased". In Chapter 2 I suggested that my preferred idea of metaphor is as perspective; Wayne C. Booth(1979), in a discussion of theories of literary criticism, suggests that there are many perspectivists but the key question is, how to relate perspectives.

Metaphors do not have to collude; collision can be productive. As Booth (1979) says, metaphors may criticise each other but without

trying mutual annihilation that logical contradictions imply. Hesse (1980) refers to contradictions in poetic metaphors being part of the total metaphoric impact, though she goes on to distinguish scientific from poetic metaphors, which I have resisted. Harries (1979) refers to Valery and Descartes, that the collision of images helps to decompose familiar reality and out of these fragments the poet creates his own poetic world. It is as if metaphors "running up against" each other, as Hoffman (1985) suggests, expose them, cause them to be re-examined and perhaps reconstructed.

But before I go on to look at how multiple metaphors can relate together, I want to comment on "metaphors which are not": metaphors which are unspoken but somehow suggested, from some effects I have noticed in my data analysis.

METAPHORS WHICH ARE NOT

These metaphors, only suggested in my data but not explicit, include: absent metaphors, implicit metaphors, taboo metaphors, and negative metaphors.

Absent Metaphors

I noticed that some tenors were encountered frequently in the Case Studies, but others far less. In the outpatient analysis, there were not many metaphors of doctors, though there were a few. One vivid one was "prima donna" from Sister and Mr Leyton should "keep

his own house in order", from Mr Hobson. There were far more about clinics, about nurses, and about what was done to patients. It is as if speaking metaphorically about doctors is deliberately avoided, perhaps just as one would not talk familiarly about a generally respected and remote figure, which could even be blasphemy against a Deity or a priest who is a depersonalised figure. The idea of doctor as priest or Diety does not come directly from my data, though it fits with an extract from Walton and McLachlan (1986) who said "A Hospital secretary serves 100 consultants, 96 of whom owe allegiance to God, and 4 of whom do not accept even that limitation" (p.8). Richman(1987) refers to the idea of medicine as a patriarchal religion, and Bennet (1979), himself a doctor, also referred to the "omniscient physician" (p.41). It does though form a suggested metaphor which is tenable given that it collides with the non-metaphor or non-spoken metaphor that doctors are beings we can understand.

It is understandable that doctors hesitate to offer metaphors about each other which would be too personal, and about themselves as a group, as they see themselves working as individuals (even meeting together was considered an achievement by Mr Hobson; not all clinical directorates did this). It is more surprising that nurses did not use metaphors of doctors, thus reinforcing the priestly image. They certainly appear distant and remote, hard to treat as ordinary human beings and this accords with the use of metaphor to familiarise both to speaker and listener through everyday language which I discussed in Chapter 3; while cultivating intimacy, as Ted

Cohen (1979) calls it, between speaker and listener, the tenor is also made more intimate by metaphor. This is therefore inappropriate when the domain is seen as distant and remote, and to remain so. This is not the case when metaphor is used to explain and make familiar a previously unfamiliar tenor (also one of the uses of metaphor in Chapter 3).

Another example of the absence of metaphor is in the text of the petition put together by neighbours opposing Weston House. At least, metaphors were not readily apparent. One partly hidden metaphor was: the neighbourhood already supports its fair share of institutions for the elderly. This fits the "elderly as burden" metaphor. Most phrases were, however, of the type "Weston House is an unsuitable site for their proposed Resource Centre", "unacceptable disturbance", "sensitive car parking problem". The absence of overt metaphors here suggests use of metaphor as inappropriate in a formal setting (given the closeness of metaphor to humour, say), and the aim, in this context, of showing reasonableness, rationality, and lack of bias and emotion in the arguments, as well as avoidance of challenge to a metaphor as inappropriate. For example, had they called Weston House a mini hospital, we could have prepared arguments to counter this.

Thus, absence of metaphors is itself meaningful. It can convey distance, formality, reasonableness, and cold rationality, in respect of the (potential) tenors. Absence of metaphor about a particular tenor may imply that the tenor is not seen as part of the

speaker's world; in Chapter 11 I consider this in relation to patients as tenor.

Implicit Metaphors

"We are responsible guardians" was an underlying implicit metaphor for us in our dealings over Weston House, and one of which we wanted to persuade others. So why didn't we just use it explicitly? Had we done so it would have been easy to refute in the public setting particularly as it was not a very vivid or concrete metaphor. For example, a counter argument would have been: how could we be responsible guardians when we are making them targets for fast cars along the road. This would have been using a more vivid metaphor as a counter.

A similar reason may explain why metaphors were used more to denigrate than to propose new ideas, as I found in the geriatric case study. Metaphors may be most readily countered with vivid, concrete ones. Once a metaphor is used to denigrate a known situation, its aptness may be seen and appreciated, its vividness helps to fix it in one's mind (e.g. "carting" elderly people off to hospital), and it may then be quite hard to counter. But it is harder to construct metaphors which can be appreciated, when they describe an unknown future, and are vulnerable to being countered by more vivid and apparently equally appropriate ones.

Taboo Metaphors

Metaphors of power are 'taboo': recognised but not normally spoken: e.g. Norman told me (in an 'ad hoc' conversation), about a Community Unit meeting where Mick (known to be a 'stirrer') had said "it's all about power, isn't it?" openly, which Norman appeared to relay to me with some astonishment and glee. Power is associated with politics which as Meyer (1984) points out is discreetly excluded from health service management training, and thus avoided in formal speech. Morgan(1986), talking about interests, conflict and power, also notes that politics is seen as a dirty word. As Hunter(1990) points out, quoting Gunn, words like power, politics and conflict are virtually outside the "gung ho" vocabulary of recent popular management writers.

In the same way, I have encountered metaphors implying prestige and stigma, which are hidden in what people say. This fits with the concept of "image" of issues within the logger model, where some issues are high-profile, prestigious and important, and others are 'the pits': of low status, conferring low status, and of poor image. Why are notions of prestige and stigma themselves taboo in everyday speech in management of the Health Service? One reason is that they reflect self-interest; widely, but not explicitly, recognised as important among participants, see, for example, Culbert and McDonough(1980). The idea of prestige particularly reflects self-interest and, like power, it is not seen to be worthy or even

acceptable to be seeking prestige. Neither is it acceptable to complain of problems within the organisation (though in a more private setting e.g. in some of my interviews, with nurses particularly, complaints were aired). In an organisation where it is more acceptable to pronounce openly on how good the organisation is and is working, the idea that anyone within the organisation is suffering from a stigma is also unacceptable, as is the related idea that some tasks or issues are not worth working on. Similarly, powerlessness and power were unacceptable notions until rephrased more positively in terms of "empowerment". (Shortly after my Case Studies 1 and 2 the word 'empower' appeared in management documents referring both to staff and 'consumers' of the service). Stigma of some patient categories was, however, familiar when linked to the idea of some inevitability of their condition, and when referring to public opinion generally, and usually in a context where the DHA was disclosing its intention to work against this (e.g. mental illness or mental handicap, where the name of the service was frequently changed because of connotations of the old name).

Negative Metaphors

There were one or two instances of negative metaphors in my data which I recall having an interesting effect. One was Mr Leyton saying "this clinic is not a sausage machine". The immediate effect was for me to search for connotations which suggested it was. Negative metaphors, particularly vivid ones, are therefore dangerous. I recall saying "It's not as if we pull their strings"

when talking to a visitor about the relationship of the District HQ to the DGH and being dismayed when later on she used the metaphor of hospital as puppet. Another example from my data was Sister saying we are not on call to the consultants. This implication that nurses were not servants to consultants only led me to think they probably still were. One factor in this is that the use of the vehicle phrase even though negated, indicates that the speaker has heard it elsewhere.

So an analysis of what metaphors are around in an organisation should attempt to include those which are absent, recognising that by definition these are hard to identify.

RELATING MULTIPLE METAPHORS

I now return to the discussion of multiple metaphors and begin to lay out a framework for looking at these. To put these ideas into the terminology of Richards which I have adopted, I am looking at three types of relationships between metaphors: first where the intended tenor is the same but the vehicle differs (e.g. a nurse seen as either a champion or a servant); secondly, where the vehicle is the same but it is adapted to another tenor (e.g. seeing both patient care, and what managers do, in terms of problems); and thirdly, where the vehicle of one tenor becomes the tenor of another vehicle and I use the logger model as the main example of this. The first I call collude and collide; the second I call translation of a metaphor; and the third I call layering metaphors.

There is a resonance here with the theories of metaphor I discussed in Chapter 2: ideas of "collude and collide" relate to interaction theory ideas and the collusion part encompasses similarity as in the comparison theory; translation or transfer relates back to Parker's ideas I described in Chapter 2, and layering is like the fundamental view of metaphor as perspective: where one idea is seen through, or in terms of, another.

Working with Multiple Metaphors: King's Analysis of Bleak House

Most of the ways I have chosen to look at multiple metaphors in this chapter parallel those in a structural analysis by King (1989) of Charles Dickens' Bleak House. Whilst King used aspects of metaphor as a vehicle to illuminate the text of Bleak House, I am using his work on Bleak House to illuminate some of my understanding of metaphor, which together with the theories in Chapter 2, in turn illuminate the use of multiple metaphors in a District Health Authority. I will just point out here that I am therefore reversing the assymmetry of his interaction of aspects of metaphor (as vehicle) and Bleak House (as tenor) in accordance with my own intended use of that interaction, an example of the dependence of symmetry on use, as I have suggested in Chapter 2.

According to King, metaphorical elements pervade the novel Bleak House. I find it interesting that he does not attempt to distinguish 'literal' and 'metaphorical' in order to highlight metaphorical relationships and to be able to say something about them. Therefore he can ignore the dilemma of identifying metaphor

which I discussed in Chapter 2. Instead, he looks at various types of what he refers to as "curious connections", particularly between the more concrete, physical and the more abstract, spiritual, and psychological. In doing this, he is showing that metaphorical analysis can usefully be performed even when one takes a view that all language is fundamentally metaphorical, as I debated in Chapter 4.

The "curious connections" are viewed by King in three ways which I want to use here: collusion, collision, and transcontextuality.
To King, collusion takes place when Dickens substitutes one reality for another on the basis of a supposed similiarity between the two, and collision moments occur when Dickens takes us from a familiar object to one that is strange, unexpected, or threatening. Collision gives other movements, claims King, e.g. from clarity to disorientation, detachment to involvement, clear meanings to multiple meanings, focus on a single object to stereoscopic vision (Holding two quite different elements in mind at the same time)(p.41). To me these describe some of the processes involved in the comparison and interaction theories of my Chapter 2 but also provide a useful framework for looking at how multiple metaphors work together.

COLLUSION AND COLLISION

King explores the concepts of collusion and collision through characters in Bleak House. Where there is a natural sympathy

between characters, there appears to be little movement between them. With disparate characters, there is "confrontation, defiance, explosion"; but these also "reinforce each other, reflect each other, and feel the unbreakable links between themselves"(p.43).
So too we can see with organisational metaphors, that those which collude appear to be repetitions of the same pattern, offering some stability of view. That subtle support may tend to obscure the metaphors, taken for granted in thinking, so we get the idea of a potentially insidious plot. Also we get a re-inforcement, an acknowledgement, an agreement - which may be widespread - of certain common entailments. We see this for example in Winter's (1988) analysis of the "standing" metaphor in the American legal system. In his article, he shows how the collusion (he calls it coherence) of the "standing" metaphor (which conveys the importance of the individual status of plaintiffs) with other common metaphors of litigation as ordeal, combat, play, religious ritual and game, emphasises the ritualised, painful and disjunctive, and obscures several critical assumptions of our social world, recognising only self-interest as motivator. Winter goes on to argue that other models e.g. representational or communal should be put forward to recognise the possibility of caring for others and the existence of different kinds of relations and groups.

Lakoff and Johnson (1980) also point to what they call the "systematicity" of metaphorical concepts; here they are referring to the collusion of entailments, and collusion which makes certain mixed metaphors permissible, in their view.

We can show the collusion of metaphors in 3 ways: firstly, the metaphors may be part of the same vehicle and tenor ideas as entailments of each other, but using different specific tenor terms in an analogy, e.g. nurses as teachers, hospital as school. Secondly, they may collude through a common association, e.g. the association of poverty in metaphors used by Hospital Manager Susan: of service as 'Cinderella' and hospital as 'workhouse'. Thirdly, metaphors may be seen to collude via a third metaphor being constructed during the interpretation: an example again from Susan is "patient care as topping up" and "patient progressing along a way" where a metaphor 'patient as car' could link the two coherently.

I also want to allow for collision between metaphors, however. Collision makes us pay attention by opposition - throwing into sharp relief the differences, just as dissimiliarities between vehicle and tenor in a single metaphor do. Aspects are thereby highlighted often through surprise. These are the effects which the classical view opposes as arising from mixing metaphors. But to me, these allow us to have multiple perspectives on a world, leading us to consider different possible aspects at once, without restricting ourselves to a single view. And interpreting metaphors that collide, for example as we shall see, the Logger model and the Journey metaphor, allows us to examine why the different views are held and what is the effect of working with both views. It may be to fulfil different purposes e.g. the Journey metaphor may give a sense of security, whereas the Logger model may be a guide to

action, as it was for me, not just in the fieldwork for Case Study 3, but in my planning work generally.

I regard the notions of collude and collide as one attempt to relate perspectives. Harries (1979), in talking about the likely impossibility of translating metaphor, suggests that in a line of poetry involving "broken metaphors" we have collision of images balanced by the collusion of a pattern of flow or texture of words (p.79). There is an implication here, I think, that a reader (or hearer) can cope with the collisions given the collusions; and that both are vital.

So,I have chosen to use these dimensions as a framework for discussing how multiple metaphors work together. They form a simpler idea perhaps than theories of single metaphor in Chapter 2 and yet embody some of those theories. When metaphors collude they have identifiable similarities, and when we say they collide, the dissimilarities are important. So comparison theories would appear to apply. But colluding and colliding are words which have connotations of activity and of producing. Collude evokes images of whispering in corners to produce plots and plans (cf Parker's metaphorical plot - see Chapter 2). Collide suggests two physical objects meeting with force, producing perhaps noise, sparks - even being dangerous. Thus the ideas of interaction, tension, and synergy are also included in the dialectic collude and collide.
We need to be aware though that the degrees of collision and collusion depend on context: one actor may consider metaphors

collude, another may not - and the situation may aid collusion or collision - what follows are proposals from myself (as an NHS manager as well as a researcher) of what metaphors to me seem to collude and collide, and how.

Looking at some of the ways in which metaphors collude and collide can help to suggest some ideas which appear to be reinforced by multiple metaphors against others which appear weaker or more incidental. This goes back to a point in Black's early (1962) work, not generally taken up by other writers, that there are no rules for the degree of emphasis to be attached to a particular use of an expression: the "weight" of a metaphor (p.30), but that this is an important factor in interpretation. Some of my arguments in Chapter 11 use these collusion ideas to suggest how certain metaphors are deeply ingrained and commonly shared.

The metaphors I have extracted to look at more closely in this way are ones that say something about the organisation and people in it. In this first set, I am including two which I might call institutional models: of school, and prison. There are also instances in my data of the organisation as theatre or as court which I have referred to in the Case Study chapters. I also look at what I think of as more abstract vehicles which appear in my case studies: system, war, service, and journey. I am not looking at each in extensive detail, just gleaning one or two insights from these as individual metaphors and then go on to the way they, and the logger model, collude and collide - as multiple metaphors.

COLLUDING AND COLLIDING METAPHORS IN THE ORGANISATION

Prison

The idea of hospital as prison is well documented in studies and Literature. One of the most haunting extended descriptions of hospital as a prison is Chekov's(1971-translation) Ward 6, where the main character, the doctor, becomes trapped as a patient. Although this is historical and from another national culture, Downie (1991) asserts that Chekov brings insights which could only have come from someone who has practised medicine.

Bloor and McIntosh (1990) link the prison metaphor and surveillance to clinician power. What they call "the exercise of surveillance in the clinical gaze" constitutes a power relationship in the interaction with a patient. Bennet (1979) says admission to hospital can resemble going to prison. Nolan (1989), a psychiatric nurse, said much of his work in practice was custodial, though he said he tried to describe it as therapeutic: "Good patients conform to the rules and uncooperative ones are hurriedly discharged or their medication increased" (p.306). Sutherland's (1976) personal account variously described a psychiatric hospital and hospital activities as cell-like, regimented, a vacuum, and staff surveillance as spying, but he also reported that the psychologist's advice was to consider the hospital as a "refuge from the outside world", a colluding metaphor in the idea of separation, but

colliding with the prison metaphor in terms of comfort and pleasantness.

Perhaps what is surprising though is that the prison metaphor is recognised, somewhat implicitly, in my data from managers and professionals rather than from patients. There is also a sense in which clinicians themselves feel trapped in the work they do: Mr Rutt said the outpatient clinic rooms can feel like a prison cell; in a later informal conversation Dr Carter said we have to see every patient who comes through the door. Perhaps the clearest instance of the prison metaphor was in interviews on the geriatric services, particularly the old geriatric hospital, the former workhouse. The old idea of the workhouse was closely linked to prison - even though it was for the "deserving poor", it carried a similar stigma and once in, there was no escape and the lives of inmates were rulebound; even families were separated. Slack and Mulville (1988) describe a geriatric hospital still" smelling of the Poor Laws". In my data, Susan admitted that there is a "custodial element" to hospital care. She described the regime - the rules she had been trying to alter, such as frequency of hair washing. This all fits too with a general view pointed out by Hanson (1985), referring to Goffman, that in total institutions there is an overriding but unofficial goal of achieving greatest ease of management, thus colluding also with a school or army. It was in describing the main DGH, though, that Susan referred to depersonalising and stripping, all reminiscent of prison admission procedures. Liz described people's privacy being invaded in care, and how in the day hospital

'we organise them'. Jane, the 'warden' of sheltered housing - a term with prison connotations - described people being 'carted off' to hospital. Jim even talked of the hospital as the 'final resting place' - as if they were already dead - and from which certainly there would be no escape except death. In the Weston House study, a Councillor in favour of the proposals said we did not want to 'lock them away' in a hospital. In all this, the prison metaphor is infrequent and implicit; it is to be expected it would be a taboo metaphor in describing existing patient care.

Prisoners develop a hierarchy of their own, and so do elderly patients according to age (as Susan suggested) and the drugs they use (as Liz suggested). The most obvious hierarchical split, however, is between staff and patients as between warders and inmates - and here we see collusion with a master-servant metaphor. Jim referred to patients going into the system: in a later discussion about screening or surveillance, people were described as coming into the net. This metaphor links the system and prison metaphors, implying the health system to be a trap in which one is caught and powerless. This does not necessarily mean hospital admission - it might start from a health visitor noticing something wrong, from which an elderly patient becomes shunted around the service. As with the other 'institutional' metaphors there are rules and control - here performed partly by drugs or tranquillisers as Richman(1987) notes. There is even influence on perception of time. Fairhurst(1977) records Roth's(1963) work: he used the concept of timetables, based on progression through treatment stages, as the

means by which TB patients defined and structured their period as inpatients. Fairhurst herself suggests that patients may experience a suspension of "normal" time.

The prison metaphor may be transferred to management. A favourite metaphor of Roger, who replaced Jim as Community Unit UGM, was that of the 'treadmill' - another link between system and prison as a routine grind from which there is no escape. This is like the Journey - a metaphor I discuss later - but without going anywhere. Dr Carter complained that we'd gone round full circle (in the District Estate Review work) expressing also a feeling of being trapped. Morgan (1986) documents at some length the metaphor of organisations as "psychic prisons", as perceived by those who work in it.

School/Education

We can also see how metaphors around in the data collude and collide with another 'institutional' metaphor - that of the school. One of the most well developed metaphors in a hospital setting is that of rehabilitation as schooling, discussed by Gubrium and Buckholdt (1982). They suggest that they found the way staff related to patients was informed largely by an educational image of the place and treatment. So patients may be seen as pupils. Linden(1979) also refers to the metaphor as one used in psychiatric hospitalisation. Richman (1987) refers to hospital rites or routines tending to induce infantilism; here we see a System metaphor colluding with an

Education metaphor, by means of the idea that routines curb independence.

In my own data, Jim also refers to rehabilitation of patients as a process of relearning. There are also instances of staff expressing a wish to educate other groups: particularly to educate GPs as both Dr Cliff and Liz mentioned in their respective case studies. The prominent instance of this metaphor, though, was from Nick. Education as the activity of health service workers, and the health service as a place of learning, is a convenient and highly respectable metaphor. It reinforces the status of professionals; as Richman points out, the distinctiveness and superiority of a profession stems from ownership of a unique knowledge base. The speaker of such a metaphor can convey a good ethos. As a senior Nurse/Manager Nick is at some distance from patient care and the education metaphor helps to distance the fight, the frontline - to use the war metaphor - nurses educating patients, or educating other nurses, helps to keep them away from the illness. It is a way of escape from the prison of patient care and Nick is also using this. So the education metaphor is used to compensate for the prison, by colliding with it in terms of distancing from what is going on. At the same time Nick is showing he is above the grass roots (in Liz's terms), evidenced also by a period when he worked for the DHSS. Towards the end of her interview, Liz implied to me something was wrong in that she was doing many things including educating, but not doing much nursing. Yet she was acting as the day hospital manager. So the education metaphor emphasises the phenomenon of professionals

who have become 'managers', distancing themselves from direct patient care. This may well be a factor in what appears to be uncoordinated and unmanaged patient care at "the grass roots". The education metaphor, however, appears to solve what is wrong by implication, implies some deficiency in others but without pinpointing blame, and is a convenient solution when it is important to enforce the Journey metaphor which I discuss later i.e. when the team is not all moving in the same direction.

The idea that we are all learning together - a metaphor beginning to appear later as the NHS Reforms were being introduced - combines the school with the team metaphor which in turn appears both in Journey and Game metaphors. In such an instance, the question would be who is the teacher? This could be an outsider such as the DHSS or Regional Health Authority, so that use of this combining, colluding metaphor may necessitate an acceptance of outside views.

How may the school metaphor be used (or abused)? Entailments of patient as child, staff member as teacher, are that teacher knows what is best for the child and the child's speech and views are of little worth. As Richman says, the medical mind has always "known" what is best for the client. This is something we may also see for example in District Nurses and Health Visitors going into people's homes and perhaps commenting, unasked, on the state of the home: in an earlier conversation, Liz mentioned this to me. Similarly when the metaphor is transferred to the topic of staff communicating with staff, a hierarchy of master-servant may be behind this (an example

of layering - see later in this Chapter) - the speaker may be attempting to show a level of status and influence over the inferred pupil(s).

So the school metaphor colludes with many others and is useful as a compensatory metaphor to the prison - colluding in institutional characteristics but colliding in distancing from patient care. Thus it is a favoured metaphor but colliding with any idea of staff serving patients.

Court

I want to look now briefly at a metaphor with a specific application in the data. I was not going to include it, as it did not appear much in the data but the reasons why not may themselves be significant - an argument which links to those for discussing absent metaphors earlier. The metaphor is the one of advocacy, specifically of nurse as advocate, which Nick included in his interview. This metaphor colludes with the Sister's "patient's champion" metaphor - both defending the patient. But a court implies structured, formal opposition, and some reasonable equality of opposing sides. There is a suggestion of doctors as opposing Counsel. But they may also be judges: Bennet (1979) describes an outpatient attendance as a Court appearance. So the tenor of the opposition is unclear. I want to suggest that the nurse as advocate metaphor was not taking hold because nurses were not seen as sufficient in standing or power for the task whether through the

ministering angel or servant perspectives, and also they are seen as part of what the patient is being defended against (which may be what Jim called the system): there were fundamental collisions with established metaphors.

The idea that patients need an advocate of some sort has however remained since the time of my data collection, but without clear views of who should undertake it. It may be significant here that the Court appears more respectable than the War metaphor. Though the War metaphor is more vivid, its incongruities make it more vulnerable to opposition through collisions e.g. the idea of nurses wielding weapons collides violently with the angel image. So here we have a metaphor which appears respectable but, as above, it cannot take hold in the way nurses would wish because of fundamental collisions with established metaphors.

The War Metaphor

The War Metaphor as used in the DHA appears to me to display several tenors of the vehicle 'enemy': the enemy may be an outside agency, a professional discipline, or illness/disease. The War metaphor was used to describe the Weston House debate and our position in it against the neighbours. Its use emphasised our need to work together - so much so that Hugh wanted to 'neutralise' a recalcitrant Authority member. Given this use, and this tenor, of organisation vs. part of the outside world, we have collusion with the Team on Journey metaphor.

We see an instance of this in Nick's surprised comments about changed attitudes at Anton hospital: "watershed was someone from outside criticised..took down some of the barriers. They - the staff - were actually smiling. They said it's rubbish that St James (the old hospital) was better. It made them feel part of things". The War metaphor then, used in this way, can convey an urgent need for unity within. We see this metaphor too in the feeling of competition between hospitals - expressed by Liz in the data, and later enhanced with the market metaphor of the recent NHS Reforms.

Of equal interest, though, is the War metaphor as used to describe internal attitudes and battles. I am proposing that in this use the War metaphor is taboo, but that it appears, disguised, by layering - see later section - or by careful choice of the tenor. For example, Sister describing her nurses and herself as the patients' champion presents a War metaphor disguised by a vehicle which gives connotations not just of heroics but of closeness and protection. A clinic nurse describing herself as 'in the frontline' appears to be talking as much about her own vulnerability as about any nebulous enemy (which may be perhaps illness). Both in ideas about patients' champion and (in the geriatric study) of 'advocates,' a strong connotation of protection or defence is disguising the War metaphor. Even against an external agency, the War metaphor may be taboo - we see this in Nick's deliberate statements to avoid blaming the Housing Authority for troubles Jane described in the geriatric Case Study. Instead of the War metaphor, people tend to use words like problems, issues, and rules, as neutral entities we jointly have to

cope with, rather than implying enmity. It can be used with more impersonal tenors though: Jim expressed frustration with what he saw as his favoured Management by Objectives model not working, in terms of "attitudes and buildings all contriving to defeat the aims and objectives".

The War metaphor shares with the Prison metaphor the connotations of operations being governed strictly by rules - and the 'army camp' regime - a remark of Jim's referring to residential homes. But whereas the inmates of a prison are trapped and enforcedly inactive, those engaged in war, whilst regimented, are active and outward-looking, as they perhaps engage in war over professional territory e.g. Sister's battles with the medical secretaries. This collision does itself show up and thereby reinforce the Inside-Outside metaphor I look at in Chapter 11. It can also emphasise the active-passive dichotomy between staff and patients. Patients are largely disregarded in the War Metaphor except as perhaps what is fought over, as in "patients' champion", and, as I discuss later, a factor in the fight against disease.

Its use, if only implicit, helps to explain the tendency of staff to withdraw from patient care, as we see also in the Education metaphor, as they see it as "the front line", which is thereby messy, confused, worrying and overinvolving, and from which they need relief. I think this is also reflected in attempts (e.g. in the official annual published District Plan) to designate Weston House as a "psychogeriatric resource centre" - as if it was not just

for direct care but as much to act as a supply line for "frontline" community staff - this threw open the question of whom precisely Weston House was for.

The War metaphor was in my data (except in the Weston House case study), mainly used by nurses reflecting their 'embattled' feelings as they are continually struggling with what I have called in Chapter 7 the nursing dilemma. They seem to have a view of managers which runs along the lines of: you don't know what it's like in the thick of the battle, but you have the power of finance and so are able to tell us what to do as well as doctors, which we resist. So their feelings of frustration appear in management meetings. Whilst this is not explicit in my data I recall this from meetings, say, on nurse manpower planning both in the DHSS and Regional Health Authority. They have no difficulty 'transferring' their discontent with their Servant position in relation to doctors, to their views about administrators or career managers.

Nor is the War metaphor a stranger to clinicians, as they battle with disease. Sontag (1983) points out the history of the military metaphor in medicine, for example, and Barnes (1961) notes doctors attacking diseases of the elderly heroically. But my data does not show that they openly transfer this to their organisational world: certainly not to imply divisions amongst themselves, as I saw in the Surgical Unit team meeting, and finding, at least until the NHS Reforms, little threat to the doctor as master metaphor.

In their analysis of political news stories, Mumby and Spitzack (1983) list entailments of the War metaphor, such as involving enemies, attacks, strategies, weapons, conflict, violence, struggle for domination, leaders; war is dangerous and usually ends in victory or defeat. A state of war also "transcends the normal operating rules of society" (p.168). In the Weston House saga, we had to be careful not to be seen to deal unfairly with neighbours; nevertheless, in using the War metaphor, Hugh was not only signalling internal unity but suspension of other priorities and initiation of special campaign meetings to discuss tactics. The internal debate over how far to lobby our case publicly could be seen as a collision of the two metaphors of war and of responsible public service: a Health Service going to War evokes clashing connotations, which may make it particularly difficult for managers of a Health Service organisation to act in a conflicting environment.

Some authors have pointed out dangers in the War metaphor. Ackland (1991) referred to the dangers of "us against them" thinking which risks undercutting a sense of world community which may be necessary to solve global environmental problems. Gustavsson (1991) considers that the 1960s war on poverty has become a war on poor people. Earlier I referred to the ambiguity of who is the enemy when nurses talk about being in the front line, and a similar danger lies here: whereas the enemy may be thought of as illness or disease, the patient may be seen as at least an obstacle in that fight if not the enemy. I saw an example of this when, during a survey, I saw an

overdose patient being treated in an Accident and Emergency Department: the brusque manner of the staff was, I was told, common in such cases where the view is that the patients have only themselves to blame. In my data, Pat talked of some elderly people needing a push - and said this in a frustrated way. Nurses seem to want patients to help themselves. Gustavsson goes on to describe the "war" on drugs, and that by acquiescing to the War metaphor, vulnerable groups e.g. poor pregnant women may become the casualties, discouraged from seeking treatment. Equally, vulnerable people such as elderly or mentally ill might be casualties in wars against their illnesses and disabilities.

In summary, the War Metaphor has implications for the sense of unity, for the way managers behave in situations involving external agencies, and for the way staff relate to patients and view them in the fight against illness.

The Master-Servant, and Service Metaphors

In Chapter 7 I discussed briefly the Master-Servant metaphor, noting how it appeared to be taboó within the District Health Authority though there is implicit evidence for Doctor as Master, Nurse as Servant to Doctor. It is not only taboo amongst professionals: I have noticed health service managers say "working to" someone, rather then "working for" someone. I see the reluctance of my interviewees in the geriatric study to assign responsibilities to individuals for moving on various issues, as - at least in part - an

indication of the taboo nature of the Master-Servant metaphor. But during the Weston House saga, there was a clear instance of it, when Mick said to a neighbour we visited, that we were there to listen and take what we heard "back to our masters". In this confrontational situation he wanted to appear as a mere lackey who could not be blamed for our proposals or usefully argued against.

I think there are two metaphors here, from the same linguistic source. That is of Master-Servant, and of Service. Whilst the master-servant metaphor is vivid but taboo, the 'service' metaphor has tended to become dormant through common use. The old idea of service e.g. domestic service, was one of action by a servant, of submitting and offering time and work freely. Richman (1987) points out how nurses still fit the scenario of a supporting service role, enhancing doctors' status e.g. dressing in a cap, as domestic servants (but no longer an apron). Now, service is often to a nebulous individual or group and is as much a matter of peer negotiation - or service largely on the worker's own terms - as in phrases like Service Industries. Nevertheless the idea of the NHS as a Public Service existing (and by implication its staff existing) purely for the benefit of the general public especially those who are weak, ill or suffering remains dominant in the eyes of the public at large. It has been a strong argument recently particularly by Health Service staff against imposition of the Market metaphor with its commercial, cut-throat connotations and with which it collides.

Staff tend to use the word 'service' more as an entity - as a dormant metaphor for a defined activity - as in one of many "Services" such as "the Outpatient Service". I explore this idea later as a view of what happens to patients; for now we can note that this idea of services as discrete packs colludes with the market metaphor but runs against traditional ideas of giving the service of caring to elderly or dying people. Mr Rutt said that "waiting for a patient is unacceptable", and he likes "to have them ready undressed". Such phrases tend to suggest that whatever the idea of 'service' means now, staff do not tend to take the view that they are serving patients; they are not available to them (an important connotation of 'servant') except on the staff's own terms.

As I observed the Outpatient Department I noticed that nurses did not appear to be available; in the waiting area they bustled about or stood at the far end of the hall. Sister said to me: "we have to remember that they are ill": indicating this is not always thought of. In wards the Nurse Call button indicates availability, but patients often feel nurses are too busy. Nurses tend to withdraw behind their "Nurses Station"in a ward which may even be behind glass. In one of the group discussions, Nick implied nurses should step back (as if from the front line - as in the War Metaphor), distancing themselves from patient care at least for a time. This all collides with the notion of nurses serving patients.

Indeed the more recent idea of service is seen in the verb of servicing rather than serving: we get our cars serviced, and

patients are likewise 'seen to' as one of the medical secretaries described the nurses' role. Interviewees, for example Jim, referred to patients being "maintained" - as entities which comprise the work of the organisation. I can point to the occasional use of the old idea of service (not necessarily explicit), but it may be for a particular reason. For example, a clinic nurse said to me that they may hunt for medical records though it isn't their job "but we do it for the benefit of patients". It gives a useful metaphor, in Fernandez's(1977) terms a "compensatory metaphor", for dealing with the situation of appearing servant to the consultant, who would have complained to the nurse if the records were incomplete.

The Master-Servant metaphor colludes with the Education metaphor as nurses attempt to compensate for pressure for a servant status by promoting themselves as teachers, as educators. I myself have found it helpful to think of doctors as overgrown schoolboys! To me this was using a private metaphor for self protection though other staff have referred in conversation to the behaviour of individual doctors as childish. This perspective has helped me to handle their arrogance when they operate the master-servant metaphor e.g. by not taking their rudeness personally, viewing it as an example of ignorance of adult society rules. Context eg idiosyncracies can help that perspective e.g. when I had to deal with an extremely rude GP, I was helped by his wearing a pink spotted bow tie, and did not feel I had to take him seriously.

In a similar way the master-servant metaphor colludes with the prison metaphor where we have wardens exercising mastery over prisoners, and in the War metaphor, military hierarchies would be expected. The patient does not fare well in most of this, both becoming a victim of nurses' compensatory metaphors and at the bottom of any such hierarchies, or discounted.

As far as I can see, the Service metaphor in its traditional sense bears no relation to the Logger Model when (self) interests are strong factors in what loggers do. The master-servant metaphor hardly colludes either, accepting that the logger model does not describe variations in status per se, but variations in power are allowed for and therefore in a particular scenario within the logger model, one logger may control or master another.

The Journey Metaphor

In the geriatric case study we have seen Jim in particular, and to a lesser extent Norman and Nick, making use of a management as a journey metaphor. The idea of a team moving together along a journey to goals has probably been the most prevalent official and respectable ideology perpetrated in the District Health Authority prior to the latest NHS Reforms. There has been much talk among General Managers about leaders supplying the vision. The basic and favoured word "leader" - at the end of my District project, Hugh made a summing up comment: "It's all about leadership isn't it" - is part of the Journey metaphor. The leader guides the way, as an

explorer, evoking some of the pioneering imagery of the logger model. As a visionary, the leader may be mystic, priest-like: the connotations of this metaphor avoid those of the Master-Servant metaphor with which it collides, and which is anyway taboo as an explicit metaphor.

The idea of a journey of discovery towards a vision is a powerful one in Literature: for example Braswell's (1981) analysis of visionary voyages in science fiction and medieval allegory. Dunn (1990) too uses it, as the basis of a new metaphor in industrial relations. It is therefore a familiar vehicle in metaphorical use, here being transferred to organisation management (see later section on transfer). To me, it underlies the concept of "Management By Objectives": one which has been popular in the NHS with much time devoted to preparation of corporate and personal objectives.

An important aspect of this metaphor is the team moving along together. Managers want to promote the idea that their team is working together, and this metaphor does this. In this significant respect the journey metaphor parts company with the logger model. The logger model includes competition between managers over issues engaged in different and sometimes conflicting efforts. The two metaphors could be seen to collude though in the following way. A small momentary piece of the logger model could be seen as a journey; there are small pockets of cooperation in driving an issue in the same direction - though these pockets may be infinitesimally small in time (short-lived) or space (only applicable to a single

issue). I have a personal vivid picture which enables these metaphors to collude for me: that is of Kenyans shouting "Harambee!" (all pull together) behind and around a log as they haul it along together. (This, incidentally, shows how personal colluding can be - another illustration of contextual importance). Alternatively, the journey metaphor could be seen as a global highly summarised view of the logger model: managers would be seen as going along the river in the same direction if viewed from well outside the river - there is an appearance of working together if seen from outside the organisation.

Such considerations may help to explain why managers aware of conflict such as expressed in the logger model can nevertheless live with certain instant/specific uses of the journey metaphor being propounded explicitly. Myths may be propounded to reconcile these e.g. we're getting there gradually, or for a single issue, we're going to get a group together to work on X. In between there is, according to the logger model view, much turbulence and issue choice. However, significantly, it is the career managers who use the Journey metaphor in my data - whilst others may live with it, it is not sufficiently part of their beliefs to be used explicitly.

Pattison(1991), who compares beliefs in evangelical Christianity and in NHS management, implies that the Journey metaphor directs attention to the future rather than the present; therefore it may become (in the DHA) a useful mechanism for switching attention away from immediate difficulties and frustrations. It is important that

the endpoint in the journey is not well defined, as a goal or a vision, though as part of the metaphor "milestones" may be set and sometimes passed. It is able to recognise a changing environment as a changing scene as the journey proceeds, less easy for the 'institution' metaphors. Perhaps we can regard the team-on-a-journey as a trek, indicating the need for all to pull together on a journey which can be arduous but is adventurous.

The System Metaphor

I have already discussed in Chapter 7 how the clinic is seen as a system or as a machine (sausage machine). We have also seen the dilemma nurses have of viewing the clinic as system, themselves as servants to clinicians, or themselves offering caring service to patients. We can see these as metaphors colliding and colluding which in turn helps to give nurses a feeling of anxiety and defensiveness, as expressed in the War metaphor.

The clinic as system translates to the wider hospital or ward as system, and this is a common view, from various disciplines, a view expressed in routine and ritual which Bennet (1979) describes as a strong habit. Richman (1987) refers to Haywood showing how routines satisfy the need of powerful staff. We had Mr Hobson talking about the need for a flowchart for each patient - an interesting variant which recognises individuality of the paths travelled through the system. Jim, in the geriatric study, referred to health services as a system: "If we bring people into a hospital-type setting that in

itself fosters dependence on the system...never helps individuals to lead more independent lives...our systems at the moment don't allow this".

We see here a particular use for the system metaphor: impersonal, neutral, it is a way of saying something is wrong without laying blame at any individual or group. Later he talked about 'skills in the system not being conducive to maintaining ideals': a mix of education and system metaphors. Here, he was softening the implied deficiency in staff skills by the colliding impersonal connotations of the system metaphor. The use of the education metaphor also distanced himself from the system. Not only is the System metaphor impersonal but generally it can be used to convey the impression both speaker and hearer are part of it. Thus intimacy can be invoked.

The use of the System metaphor by various staff groups is not surprising given its prevalence in organisation thinking and management training generally. However it may emphasise the openness of systems or the working of sub-systems; these may be, but are not necessarily in my view, part of the metaphor in the way it is used in practice in my data. In essence, I think here that the system metaphor in use conveys the idea that similar entities come in regularly, and once inside move around in a regulated way to come out transformed. The close variant, the machine, is a more concrete image, and does not have the connotation of an entity moving in and

out, except where it is made explicit, for example in the vivid metaphors of sausage machine or assembly line.

Elderly people, according to Liz, circulate in the total health care system as they spend short periods in the community then move back into hospital: families have no time, "unless they (the patient) are in the system" for a time. Such people are moving around the System with little escape, as in the colluding Prison metaphor. On the other hand, we can see the assembly line variant where an acute patient moves on and out - as on a Journey but with no active part or control.

Anderson (1976) notes Friedson's view that doctors tend to handle cases conventionally, whilst the patient seeks individual treatment. Also, in the same volume, Bloor refers to the view that functional autonomy can be both embodied in and facilitated by the routine practices of doctors. So the treatment of the clinic as system tends to reinforce, as well as express, clinical autonomy.

We see the patient as entity moving around the system: as I have pointed out in Chapter 7, there is an implication of the entity moving, but the system staying as a whole where it is, so the idea that a patient has to move on physically from their own home (say) and consequently has disjointed care in a succession of alien environments colludes with this metaphor, and is unsurprising as a consequence of thinking in these terms.

Within the system, services are seen as components. Therefore there is a reluctance to abandon a service once set up. However, the system can be added to, and such additions appear to be a dominant aspect of managers' thinking: I am calling this the 'Range' metaphor which I explore further in Chapter 11.

Patients, (and also issues), can pass on a Journey through the System: thus, we can have collusion of these two metaphors, as we also do in Dr Carter's final remarks to me - "I know where we're going, I'd like there to be the machinery to get there". Both Journey and System vehicles involve movement and a path. The Journey would usually be thought of as a more-or-less continuous road, with (hopefully) no repetition of the path. Also it is about a team moving together, in my thinking. In these respects the Journey collides with the System as a metaphor for patient care - the Journey metaphor seems to be used in context to reflect the individuality of a patient (here, the patient is the single member of the team, travelling alone), when it is used e.g. "he is going downhill", whereas the System is used when patients are being thought of collectively e.g. "the sausage machine". Susan talked of Dr Carter "sending out more and more" and patients being "shunted back and forwards" (between home and hospital). So collusion and collision may be useful characteristics when used with particular tenors.

Egan (1988) pointed out collusion between the Management By Objectives metaphor (which I show is related to Journey) and

Assembly Lines (which I here relate to the System); arguing that the assembly line is an analogy implicitly underlying objectives-dominated planning schemes, related by concepts such as product standard which becomes an objective. He is relating this specifically though to the tenor of planning teaching. In the NHS the "product" is an improved, or chronic, or infected, or dead patient: objectives are, not surprisingly, formulated in different terms such as the Service Range which I discuss later, or level of input e.g. nurse manpower levels.

The movement of patients between services which are system components leads to some collusion with the new market metaphor, as I discuss in Chapter 11. In the System, patients are moved on. Patients are sometimes seen as controlling this e.g. Liz referred to patients "playing the system" - coming to day hospital rather than day centre where they would have to pay. But I remember Mick talking to me about how psychiatrists 'dispose' of patients. Gubrium and Buckholdt (1982) describe discharges being seen as a convenient way of "getting rid" of someone. Stott(1991) said that hospital doctors reassure patients and "send them away". Slack and Mulville (1988) describe acute hospitals pushing people out. Wadsworth and Robinson (1976) also talked of "disposal decisions". Patients generally do not know the system; and Robinson (1978) has suggested that doctors' power depends on their control of patients' uncertainty. The separation of service categories (of ward, say) into acute, rehabilitation and long stay or "continuing care" is an example of splitting the system into elements or components: a

patient is disposed of from one to another and kept on the move. This may help staff to control patients; Stott (1991) talks of hospital systems protecting medical staff. Even with long stay patients, the tendency now is to call this slow stream rehabilitation and to look to private and voluntary sector nursing homes as receptors of long stay patients. Movement of patients between service components is important - the notion of referral: Richman (1987) cites criteria for taking on or refusing patients.

Weston House may be seen, as a clinic is, as a smaller version of a hospital, from where the system metaphor is transferred easily, in the minds of professionals. But this is not apt if we attempt to think of Weston House as 'home' for people: System and Home collide violently in respect of active choice and individuality. I discuss the 'Home-Hospital' views of Weston House later, but here the System metaphor helps illuminate how notions of Weston House as home or hospital collide: it illuminates the consequences of other metaphors.

Other connotations of the System metaphor may be advantageous for the image of the organisation: there is an assumption of component parts (services and different professionals) fitting together, automatically coordinated; these work together even if loosely aligned as we see in Weick's (1976) notion of loosely coupled systems, for example. In the assembly line variant, workers are not aware of each others' activities. There is an implication of prior design and overall control, the detail of which each separate

element of the system may not be aware, nor necessarily expect to. For example, I found in the geriatric study that the interviewees did not know what groups (committees) were managing their service, and there have been other examples I encountered in my planning work. Thus they cannot, in Cyril's ad hoc phrase when discussing the competence of a manager, "work the System". In my own logger model, this colludes with the idea of a knowledge of action channels through which issues pass. So the System metaphor can become an obstacle to the coordination it suggests, as people think in its terms. If the system is thought of as coordinated and controlled there may be a nebulous Master figure somewhere outside it e.g. the Government. Within the system, hierarchy/status questions of Master-Servant can be avoided as work (patients or issues) is passed in a regulated way (Burns and Flam (1987), for example, offer a detailed discussion of rules applied to organisation) from one separate component to another.

In the geriatric study, Susan pointed out the lack of a main coordinator of services. In a group discussion in my data, her idea of a single coordinator became a coordinating group. During that discussion, ideas of control, power, even of single manager (as master) were avoided as if taboo. Instead, we were getting the respectable Team approach working with a Range of services.

Morgan (1986) has discussed the system metaphor in the form of organisations as machines. This metaphor works well when activities are routine and repetitive, he suggests, as much of a clinic, for

example, would be. But as Anderson(1976) points out, patients want to be treated as individuals; and Mr Hobson said they "have a tendency to think they're the only patient". The perspective on patients given by the System and other metaphors I pursue further in Chapter 11, but a significant implication is that the patient tends to feel split up and shared out as Barnes (1961) puts it, each staff member being concerned only with his or her own bit.

The system metaphor may seem reasonable: after all if systems work then we might expect the patient, and all involved, to be content. But the closely colluding machine metaphor may reveal sinister connotations and connections, as we see for example in Kesey's (1962) account of life in a psychiatric ward in the novel One Flew over the Cuckoo's nest to which I referred earlier. The notion of machine is woven through the text (ECT as electrical machine, hospital as Combine, nurse as mechanical insect who has a control panel, a "web of wires"; also the narrator patient likes to get up early to watch what "machinery they are sneaking on to the ward"). All these links reinforce the machine metaphor showing for example clear collusion with the idea of prison, and collision and contrast with patients as humans, in a similar way to Olsen's description of Little Dorrit which I referred to in Chapter 2.

TRANSFER OF METAPHORS

Now I look at multiple metaphors in a different sense: where the vehicle is the same and the tenor is different. What is happening

here, it seems to me, is that people are applying metaphors (vehicles) they are familiar with in one part of their world, to another part of their world. This may happen generally: a dramatic instance is cited by Kershaw (1987) where he discussed how propaganda helped in "transposing to Hitler some of the trust in Hindenberg as the embodiment of German National values"(p.55). The propaganda involved was the association of old and new: to an organisation member the drive for order and coherence in his world may be enough to prompt transfer. So, I am suggesting here that various stakeholders are doing this in the way they apply familiar metaphors to what is going on in the wider organisation.

Fernandez (1977) suggested, under a heading "transformation of metaphor", that participants shift from one metaphor to another by a network of associations: contiguous (metonymical) and similar (metaphorical), but he did not distinguish transfers of vehicle and tenor. We have already seen metaphorical relations between metaphors as they collude and collide; now I am moving on to contiguous associations of tenors, within a single organisation. As Mooij (1976) puts it, it is a great advantage of metaphor to enable us to treat diverse areas in a similar way. What I am postulating here is that we translate metaphorical ideas (vehicles used in metaphors) all the time from one tenor to another. This is akin to the idea of translation in the theory of (single) metaphor, such as put forward by Parker(see Chapter 2), and Richards(1936) refers to "transference" in psychoanalysis where a vehicle attitude (e.g. parental fixation) is transferred to tyrannise over a new (tenor)

situation and the behaviour is inappropriate. King (1989) too, in his analysis of Bleak House, refers in the same way to "transcontextuality" as one idea is translated from one contextual domain to another.

King introduces this fundamental idea as a movement or translation across or between contexts and relates examples of moves over time and space which have depths and parallels e.g. moves on the social ladder, physical journeying by a character, growth from immaturity to maturity. Translation, or carrying across, as we have already seen in Chapter 2, is a fundamental notion of metaphor. King gives an early example of the world of the Lawyer Mr Tangle's clerks at work like the hammers of a keyboard: "we are pulled from the world of purposeful human activity to the world of the mechanical, the predetermined, the inescapable, a world into which many of the characters are sucked"(p.40). This example is useful because it illustrates how I intend to apply the notion of "transfer" in multiple metaphors - this is the transfer of a single vehicle (here the relentless hammering of the keyboard) from one tenor (the clerks at work) to another tenor (the fate of many characters as they are sucked into an inescapable world). Here it is an author's neat device; but I will try to show later that it is a common feature of the way people in organisations use metaphor.

In patient care, doctors think in terms of problems, and dealing with patients is seen as solving or disposing of problems. Doctors then may see what managers and others are doing as solving problems,

something they do rapidly by clinical decisions, and hence become impatient when results are slow e.g. Dr Carter complained about how the Estate Review was taking time: "Everything happens via Goldhill (Barton District HQ)...And it just sits there...I've no idea what's happened to the Estate Review. I just get fed up...you know".

Conversely, when managers are operating a Management as Journey metaphor, as long as the right direction is being held and any defined milestones are met, "progress" is being made and all is well. The frustration of doctors at delays and management processes, can be understood in these terms, not just as moaning about red tape, and managers' views that doctors do not realise what is involved in doing something can also be understood this way.

We have also seen in Chapter 9 how nurses operate care as a quantity of substance/fluid metaphor to "raise the level" of patients by "putting more in". I think they also translate this metaphor to the wider organisation; so they perceive that the way to deal with difficulties is to find more resources and inject them into the situation. Hence the familiar nursing (and physio, OT) grumbles about understaffing and underfunding - against the managers' increasingly prominent economic perspective of value for money and relating cost to patients treated. We see some examples of this nurses' viewpoint about needing ever more resources in the geriatric services study: Pat, talking about the amalgamation of care attendant and home help services, said one question was whether Social Services would 'put in' money to extend the scheme, and,

later, Health was 'putting in' money to a joint Young Physically Disabled scheme. Nick talked of Social Services "putting in half the revenue". Susan saw "investing in domiciliary support" as needed. Research nurse Julie in the OPD study talked of "an injection of capital". In the same view, there are levels of money: Sister said "we have had to cut the money right down for the OPD (building) work", but she hoped to get more from somewhere.

Managers who see services as a range, a set of components, may also transfer this thinking to advocating multidisciplinary and multi-agency discussions e.g. in a group session, Norman said membership of groups should be fluid to take account of "the range of expertise" of all agencies rather than having a single coordinator of services. Earlier he said group members would "bring a range of experiences". In such a case, there appears to be no desirable limit: it is the more the merrier, and thus we see traditionally in the NHS, and even post-Griffiths i.e. the time of my data collection, sustained emphasis on multidisciplinary groups in the face of the Griffiths Report's master-servant metaphor, which wanted to designate who is 'in charge'.

I have already noted how the system metaphor is familiar to managers. But to professionals also the idea of circulatory systems, of lymph, blood and also nervous systems are familiar vehicles which they can transfer to make sense of the wider organisation. Stott(1991) notes the traditional medical model as

the problem defined as what has gone wrong with the machine (patient) and what can be done to rectify it.

One area where doctors have appeared to have difficulty though is that the master-servant metaphor as operated in a patient care context by the clinician, may be hard to transfer to new contexts e.g. where a consultant is to act as a Clinical Director: Mr Morris the Unit General Manager spoke of consultants almost touching their forelock to the Clinical Director in Radiology and said he wondered if that would happen in Surgery, looking at Mr Hobson (who was the Surgical Clinical Director). Although the Radiology Director may have been content to act as master, I do not think Mr Hobson saw it as clear-cut. He was uncertain, saying he didn't "have a model" of a Clinical Director, but he found himself in danger of being treated as Servant when Mr Leyton complained there had been no agenda for their Surgical Team meeting.

We also have a likely instance of transference, in reactions to the logger model. I discussed the logger model with Dr Carter and noticed he seemed very receptive to the idea of dealing with issues as moveable objects, some valuable, some to be avoided, but sometimes coming thick and fast. At that time in my research I was pursuing the notion of status, and also discussing patient status with him. He related how an elderly patient with a stroke, who will get little attention until they move on, would be equivalent to an unglamorous issue like Korner statistics returns, and how, although a clinician has to deal with all patients 'coming through the door',

he can still make his interests known and this influences what patients he gets. This can be compared with issues coming thick and fast downstream and avoiding or latching on according to one's interests. Thus, some of the logger model ideas can be transferred readily between the world of patient care, and the wider organisation, and it may be this ease of transference which made Dr Carter so receptive to my early ideas on the logger model formulated at the time of the geriatric case study, and not only, as I first thought, his perceiving it as applicable to his management-type role as Group Leader.

Earlier, I showed how there were examples of the Journey metaphor applied to what managers do in the organisation. Jim used this, and I think significantly, he also applied this vehicle to the description of patients passing through an acute phase, then "rehabilitation stage". As I have suggested, the metaphor of a patient's experience being a journey is a common one. For example, Rosenberg(1980), looking at patients' experiences, refers to the "continuous spiral leading to death" in a cancer patient, and "the spectre (as a patient enters hospital) of a progressively downhill course".(p.203). We have seen in Chapter 9 the breakdown metaphor as in "there comes a point" when the home situation breaks down - and the idea of a journey is involved here too. Patients are described as slowstream or faststream to show how fast they will go along the journey. (The incongruity of 'faststream' applied to an elderly woman recovering from a broken leg, say, is sometimes realised by the speaker though! - as indicated by a wry smile or a short laugh).

Patients are described as 'going downhill', or compared with a car undergoing maintenance. Bennet (1979) referred to a patient's journey through the 'medical machine' - with collusion here between Journey and System. But as Campbell and Higgs (1982) point out, doctors are limited to a "snapshot" - they see only a small part of the patients' life journey.

Dr Carter used his Alfa Romeo metaphor to describe how he would like to see the management process happening - he also has a reputation amongst staff for sending patients home quickly: for him, it seems, journeys must be short or fast. All these are examples of transference.

One effect of this journey metaphor being applied to patients may be that it is natural to see patients being moved on from one type of care to another, necessitating (so it seems) a physical move. So we see not only clinicians assuming this, but also managers like Jim, in spite of relaying common messages about people staying at home.

As the journey metaphor is applied to patients, goals may be indefinite, although the Nursing Process has been an attempt to specify goals, reinforcing both to nurses and patients the idea of journey. In this, the nursing process is an attempt to duplicate or transfer the Management By Objectives model to the nursing world, as Richman (1987) has suggested. But Henderson (1989) has described it as a wedge between doctors and nurses. Patients may be unaware of goals, unsure whether they are on the road to recovery or the road

downhill. If there is a Leader (clinician) he may be unaware or unwilling to share the information. This is an aspect of a bio-medical model of patient consultation, according to Britten(1991). There may be other problems expressed via a closely colluding metaphor. Slack and Mulville (1988) described, as relatives, their state supported "obstacle race" - struggling with hospitals, social services and DHSS, they describe their "shadowy mine-strewn path" (p.81), and tranquillisers as a "slippery slope" to permanent institutional care.

Just as when the tenor is what managers do in the organisation, the journey metaphor differs from the system metaphor. In the system metaphor, patients may be caught and moving round inside; with the journey metaphor there is a transition onward.

This process of transference demonstrated above applies the familiar to the unfamiliar, a chief use of metaphor anyway (see Chapter 3); in my examples the familiar vehicle has already been actively used as a metaphor in some working context as tenor. It is not surprising it should occur; we may say that a person's views and actions in a particular situation depends on "the way they think"; but that way can mean just by what metaphors they are used to making sense of their lives. They see their world (or other parts of their world) up to now in those terms - with that perspective or lens (to use one of Black's metaphors of metaphor- see Chapter 2). And so they will tend to move on to understand a new world or part of a world, by means of that same perspective.

LAYERING

If we take the view that all language is metaphorical (see Chapter 4) but that what differs is the degree of liveliness, visualisability, primitivity and explicitness, along with other "qualities" given in Chapter 3, this raises some points about the structure of metaphors. In a single metaphor we have the tenor and vehicle, in Richard's terminology. The metaphorical idea - the term of strangeness which creates the metaphor - is the vehicle. But the tenor must also be metaphorical to some degree of liveliness or deadness. It can also be a perspective on something else. Thus, in the "outpatient clinic as system" metaphor, the clinic is itself an idea that has been constructed and applied to the situation of a consultant receiving and examining patients. Thinking in these terms, referring to "Mr X's clinic" reinforces the centrality of the consultant and his ownership of the situation, rather than, say, an impression of equality given by thinking in terms of a set of doctor-patient appointments. We can also see that a clinic could be seen as a metaphor for a hospital, with inferences about professional relationships, given the key stakeholders in a clinic of doctor, nurse and administrator (medical secretary). In a similar way, in the logger model, the concept of issue (the tenor in the "issues as logs" metaphor) is one which has been constructed as a widespread way of making sense of how people spend their time. As Morgan (1986) suggests, the very idea of organisation may be considered metaphorical. Manning(1979) too suggests it cannot be a

concrete thing. Smithers (1989) uses it as a vehicle in discussing his own research on cancer.

So we can pile metaphor on metaphor (or, in Richard's terms, vehicle on vehicle). Each tenor may be the vehicle of another metaphor, and so on. I call this process "layering". Where does such a sequence end though? The implication of the 'all language is metaphorical' view is that it does not end in literal language; it may possibly end in some of the most fundamental concepts such as edible/inedible or hot/cold, suggested by Hawkes (1972).

The Logger Model and Layering of Metaphor

Perhaps the 'logger' metaphor might not be thought of as an essential ingredient of the whole model based on issues developing. This would fit Duhem's view (see Chapter 4) of metaphor as a heuristic mnemonic. But I do regard it as a picture which holds the whole model together, makes it memorable, and evokes some particular associations: e.g. the idea of pioneering, exciting work. I do not think I have gone so far in my description of the logger model, though, as might be suggested by Dunn's (1990) description of recent management literature: "they were so full of prairie philosophising that I could almost smell the woodsmoke from the campfire" (p.19)! In Olsen's terms (1982), it is also a summarising metaphor for the model. It has, as Dunn has described, a pedagogic role. There may be other pictures which could hold at least most of the model together: one possibility is the ballgame where issues as balls are

picked up and passed around. But this loses the association of pioneering, connotations of foam reducing vision, and turbulence, and the elements of having some pre-determined action channels, or of rotten images. Similarly, I suggest the 'garbage can' model of Cohen, March and Olsen(1972) is not totally dependent on the picture of the garbage can. It adds useful associations of disorder and heterogeneity, but much of the model could be explained through the image of a stewpot, for example. This, however, might not be so evocative or memorable, and the garbage can model might thereby not be so well known; so the aesthetic qualities of the metaphor as I briefly discussed in Chapter 2 (a garbage can being - in this context - aesthetic) are also important as well as the way it enables the model to cohere.

So the logger idea is a picture which holds the whole model together. Why do I need it? The model is centred around the idea of issues developing along action channels, with notions of power, interest and attractive or unattractive images. These components then are a mix of ideas. We could take the central metaphor to be that of 'seeing the organisation in terms of what managers do with issues as entities'. This would not be a very vivid metaphor - the term issues being so closely linked to the domain of organisation - so much so that the relation is as much metonymy as metaphor. It would not allow me to include with immediate coherence, other ideas. These other ideas I want to include of images, power, interest could each be separate metaphors (as similarly we have Dr Carter's personal metaphor of seeing what goes on in terms of problems). To

bring them into a coherent model with one hopes aesthetic as well as cognitive value requires an encompassing metaphor, or as I infer from Black's description of the tip of a submerged model, the tip of the (model) iceberg. This is one function of the logger picture, which of itself though may produce insights arising from the notion of managers as loggers e.g. the idea of seeing their work with issues as pioneering, just as, at another level, the idea of issues 'developing' as if organically growing, potentially could bring insights.

In the garbage can model, I think the picture of the garbage can fulfils a similar function, holding together the separate notions of problems, solutions, choices and participants, which are also described by Cohen, March and Olsen as streams. They could have stuck with the stream idea - but bringing in the garbage can picture has lent vividness, memorability and one or two significant connotations e.g. the idea of everything being jumbled up, often appearing as a hopeless mess, and the idea, which they make explicit, of garbage being cleared from the scene. These functions, though, exclude an intention of detailed isomorphic analysis which makes Pinder and Bourgois's(1983) example of this sound, as they intend, so absurd. One danger in introducing the garbage can picture is that people draw from it detailed connotations, or in Beardsley's(1962) phrase "idiosyncratic implications" unintended by the authors, rather than attend to the model as they described it.

These are examples of mixed metaphors which appear to work because they are, as I think of it, on different levels or layers. Wheelwright (1962) has briefly described the same idea as "enclosed epiphors". The "issue as moveable entity" metaphor appears to me to be strongly cognitive, weakly aesthetic: the logger picture is the opposite and can encompass it as a metaphor of a metaphor: multiple metaphors where the tenor of one becomes the vehicle of another. So we have two metaphors which fit into the one model, but with separate purposes: the issue-based metaphor uses familiar language and can develop readily into an exposition of issue types and what happens to issues over time e.g. some sort of life-cycle. It has the appeal of familiarity and cognitive aspects, but would be unlikely to inspire. The logger metaphor is striking and could command attention but its insights cannot be taken very far on their own.

Layering of metaphor has other purposes: it can be used to disguise other taboo metaphors. Szasz (1975) in a discussion of metaphors of mental illness - illness itself being a metaphorical idea - talks of "the mask of metaphor". I have earlier argued against Black's notion of a filter to describe metaphor, which also conceals but only in part. The mask, however, like a veil can, in the case of layering, conceal the tenor, which is implicit and once uncovered is fully revealed. Thus, for example, we have metaphors such as "healthy tension" which may be a mask for political struggle (a taboo subject amongst managers as I noted earlier). There is a

particular need for care here. The tenor is being inferred and the hearer may assume a different tenor from the speaker - idiosyncratic interpretations are even more likely in this case than in the interpretation of explicit metaphor. Also, if we take the view that a metaphor is never fully paraphrased, there may always be more to uncover in its meaning.

Other Instances of Layering

We also see layering of metaphor in some instances of the data. In the geriatric study, Norman, in a discussion which used ideas of 'education' a good deal, talked of whether groups in place in the organisation were performing the right role - which was not necessarily, yet, reeducating. He was using the language of theatre - though in a metaphor no longer lively (the 'role') - on top of the education metaphor, as a way of describing what the groups were doing. By this means he was controlling the use of the education metaphor by trying to impose a higher level one - and from which the discussion might spring off on to other sorts of 'role': as he wanted, saying the first task is to identify the kind of service we want to provide.

The Management By Objectives metaphor is also used in this way. In my general planning work, when there were obstacles to developing Anton Hospice, Jim remarked to me that "It was one of his objectives", which was why he was so concerned. It was therefore something that for him, had to happen; other factors were of minor

consideration (such as, in this case, agreement of local GPs). In case study 3 Jim also talked of "attitudes and buildings all contriving to defeat the aims and objectives", using as I have seen elsewhere, the War metaphor as an explanation of why Management By Objectives - a favourite metaphor of his as a rational thinker with a management services background - was not working. It was also Jim who referred to "skills in the system" not being conducive: combining Education and System metaphors, counteracting undesirable characteristics of the Education metaphor (here, the need for it) by the impersonal System. Dr Carter said he knew where we were going - he wanted the machinery to get us there. He neatly combined the Journey and System metaphor by use of another vivid one - he said he'd like to be able to feel how things are doing, like driving an Alfa Romeo. Here, the team progressing on the Journey becomes the 'tenor' for the car (a variant of the System) 'vehicle' (vehicle as defined in my terminology section in Chapter 2, that is). To him, something was wrong with the Journey being talked about by managers e.g. the formal 'stages' of a Project - he wanted something fast, and a 'system' in which he felt in control, rather than swamped and delayed by. He was I felt, using the Managers' metaphors to explain in the same language why he was frustrated with their use of both. He said at one point,"It just goes on and on and on and on"; combining both metaphors here gave him the opportunity to reinforce that complaint, an aspect in which both System and Journey could collude.

In the above examples we have explicit layering going on. We have also uses of layering: to reinforce a point made by two metaphors which collude; to counteract undesirable characteristics of one metaphor by layering with a colliding metaphor; and to switch discussions away from one metaphor, opening it to other possibilities. This is in addition to two earlier functions: disguising a taboo metaphor, where the vehicle of the underlying metaphor is the implicit tenor of the other, and the use of layering to enable a model based around a less vivid metaphor, to cohere and become vivid.

CONCLUSIONS

These ideas on multiple metaphors seem to me to support the role of metaphor in organisation theory and science generally. The idea that metaphors may transfer - from one tenor to another - supports the continual application of metaphor creatively to new situations. As metaphors collude and collide they can provide a critical perspective on each other. Hoffman(1985) refers to the Bohr metaphor (of an atom as a solar system) "running up against" other metaphors, those of quantum mechanics which led to even more research and theorising. Layering is an activity which I have shown explicitly here, as a way in which multiple metaphors are used together, but it may be a manifestation of the view discussed in Chapter 4 that language is universally metaphorical, that every tenor is the vehicle of another tenor, and so on, as the metaphors

move around in what Parker (1982) called "the playful evasion of all fixities" (p.146).

CHAPTER 11

SOME APPLICATIONS OF THE MULTIPLE METAPHORS FRAMEWORK

INTRODUCTION

In Chapter 10 I described and demonstrated by use mainly of organisational metaphors the ideas behind the framework of collusion, collision,transfer and layering as a means of relating multiple metaphors. In this chapter I now go on to apply those ideas to some specific areas coming out of the data, also noting other studies in medical settings, and using the earlier ideas of comparison, interaction and uses of metaphor. These areas are: perspectives of patients, Inside-Outside as a fundamental metaphor, metaphors of home, hospital, community; colliding metaphors of patient care, and, the implicit metaphor of the Service Range.

PATIENTS

One way in which many of these organisational metaphors collude is in their entailments about patients. How patients are dealt with by professionals in everyday interaction has been studied reasonably extensively: e.g. Fairhurst (1977), Wadsworth and Robinson (1976), Silverman (1987). Sontag (1983) shows how images of illnesses can

lead to different images of patients with those illnesses, comparing an almost romantic image of tuberculosis with the unglamorous nature of cancer.

Some insight into patients' own perspective is given by Viney's (1989) study of images of illness. Because of the effort to make sense of illness, help may not be sought early, and Viney cites Janis and Rodin to support this. In our culture, illness is seen as enemy, punishment, personal weakness or a challenge, she says. These ideas can be related to some of the metaphors from my data of the battlefield or prison, and in particular, how patients are viewed by staff through their metaphors; the personal weakness view and the view of patients as passive entities are mutually reinforcing, as opposed to the challenge metaphor which requires patients to be, and seen to be, active. Viney suggests that people attribute causes to their illness which are usually external, which add to the images of themselves as helpless and depressed.

Sutherland (1976) described himself and fellow psychiatric patients as "Ghosts on the shores of Hell". The sharing of images between patients and staff is difficult. I cannot comment fully on this as I have not collected data on patients' views, but reconciliation of a patient's ideal view of himself as active will be difficult with what I found as the prevalent metaphor of patients as passive. Patients may then accept the metaphor which leads to them adopting

what has been called the "sick role" e.g. Hanson (1985). As Susan said, when elderly patients are admitted to institutions "they don't expect a choice of food...they abdicate responsibility immediately". Given the strange world of hospitalisation (and Jim remarked on the way patients enter the system - with bad effects), Viney suggests it is difficult for ill or injured people to construct useful images. Fundamental images are challenged: this has been noted for example by Roth's examination, referred to by Fairhurst(1977), of how perceptions of time are controlled in hospital. As I noted earlier, their world shrinks, power is stripped. Sacks (1984) experienced a tendency, as a patient, to become a puppet. Richman (1987) notes how patients are dehumanised. In the traditional view patients are passive: Viney (p.104) here cites Szasz and Hollander: "The very title of patient, one who is long suffering and forebearing, contributes to these images of helplessness". It is not total blackness in the patient view: Viney describes some use of humour by ill people (but records the existence of only one study on this) and images involving competence and involving family and friends.

I want now to show briefly how some views about patients derive directly from the wider perspectives of staff including managers and are reinforced by them. Both explicit metaphors of patients (as the tenor) and metaphors with other tenors collude in this. So it will not be enough to use official statements such as "Patients First"(DHSS(1979)) or the emphasis in the Griffiths report - NHS

Management Inquiry (1983) on obtaining consumer views or to talk (as now, fashionably) about empowering patients. The Griffiths report recommended the activity of obtaining consumer views, but this seems to be being interpreted as talking to the Community Health Council or doing small pieces of market research. Making patients more central would involve a more radical change of paradigm which is not, I suggest, being achieved at present through the NHS Reforms; even in use of the market metaphor, patients are not in practice seen so much as customer (they are not directly buying the service) but as commodity.

Campbell and Higgs (1982) suggest that patients or clients are as necessary to doctors and nurses as are "machines to mechanics", (p.35), again demonstrating the view of patients as bread-and-butter commodity. Dingwall (1976) notes nurses treating patients as "objects of task performance" (p.104).

If we consider metaphors of patients used in my data, we see the notion of patients as categories according to their characteristics or condition in the OPD data in Chapter 7, as 'cases', as work material or as entities passing through the system, even as criminals if they do not behave. They are not central in the system; in spite of what is said publicly, a hospital does not revolve around the patient's needs, as Bennet (1979) points out. In the Weston House debate we see patients, talked of often through

verb metaphors, as burdens. Dr Carter referred to patients being "humped around" and Jane said "they ought to try hoisting somebody out to a Part 3 home when they don't want to go" as if parcels - a vehicle which colludes closely with burden.

Many interviewees in the geriatric study referred to 'managing' patients - as passive entities requiring to be organised. Slack and Mulville (1988) describe the experience of a consultant telling them an elderly relative cannot possibly be "managed" at home. Stott (1991), a GP, describes the GP role as "managing the person". Jim even used the words "sustain", "contain" and "maintain" separately when referring to patients during a single interview.

Patients may be nonentities. Newton (1980), in a description of her own nursing home experiences as a resident, said almost everyone had ceased to be a person. Orwell, cited by Campbell and Higgs (1982), described his experience as a patient: "there was a seeming lack of any perception that the patients were human beings...you were primarily a specimen" (p.37). Significantly, Smithers (1989) headed a chapter of his medical autobiography: "patients are human".

My argument is that the organisation metaphors I looked at earlier also collude in use to convey and reinforce similar views of patients, either by denigration or omission. Thus, patients as prisoners or as schoolchildren/students are instructed by others,

have little free choice and are persuaded to follow rules. In a system, patients are seen as the entities or - as the working material - moved round, passively, uniformly and again regulated. A difficult patient, say Campbell and Higgs (1982), is one who does not fit the professionals' system of care. Fairhurst(1977) reports on her experiences as a patient, that to nurses, "the 'ideal patient' was somebody who was cooperative and willing to help herself."(p.165). In a war scenario, patients either do not appear or they may be the material fought over, or as rather shadowy factors in the fight against disease - possibly helping, but also potentially obstructing. In the traditional Service metaphor we would get patients taking control of staff and what they can provide, but as I have suggested, the Service metaphor may be used as rhetoric for particular purposes e.g. to counteract others, and in Official statements or reports, rather than statements of belief. Neither in the Journey metaphor nor the Logger Model do patients appear by means of an explicit vehicle. The Journey metaphor is common, I have suggested, to managers - the Logger Model is one I have used myself as a manager; the omission of "patient" from both when they are used as metaphors for the organisation is one indication of how distanced managers feel from individual patients. Patients are not in the team, colliding with, and not supporting, the "mutual participation" model of clinical interaction, as described by Richman (1987) for example. This makes sense given that as Slack and Mulville (1988) put it, staff know nothing of the

"patient's real world", being outside it. In a recent conversation with a colleague at the Regional Health Authority, she explained that her job was dealing with 'difficult-to-place' patients - I responded in mock horror "You're actually dealing with real patients?" and she laughed - appreciating the incongruity.

While we think in terms of a Range of Services (see later section) and resources and organisational systems, individual patients rarely come into the picture. As a group they are talked about as "patients" - our understanding is rarely illuminated or displayed by fresh metaphors. We may attempt to invoke something of the Service metaphor by calling them clients, or the Market metaphor by calling them customers, or to evade derogatory connotations of patient by calling them, rather confusingly, people, as in 'people with a mental illness'. In my experience, though, none of these alternatives has "taken hold" except in the Mental Handicap service where successive terms have replaced those that have become derogatory through use.

This all collides with ideas that patients should be central to what is done. As I suggest in the Inside-Outside Section below, doctors tend to be viewed by themselves and others as central in a setting where patient care is underway, and as we have just seen, managers are distanced from patients.

INSIDE/OUTSIDE

This metaphor covers a number of related ideas or variants: people may be seen on the inside or on the outside; people or activities may be seen as in the centre or on the periphery; people may take actions which appear to include or exclude others thereby exercising control over access; people may be seen as close or at a distance, as hidden away or as exposed. My argument here is that not only is this metaphor and its colluding and 'transferred' variants demonstrated directly in my data but by the collusion of many other common metaphors, it is demonstrated as an ingrained and shared ideology - a way that staff construct their own world.

The firmest instance of this metaphor was doctors seeing themselves as on the inside, and at the centre of their world. Both forms of this metaphor are both seen and related: inside/outside is the stronger as it implies a barrier with the outside; the centre, however, can be thought to have some links with the periphery. It is particularly apt when seen in the context of the outpatient study, when we consider the clinic scene. The consultant is located inside in clinic, in the consulting room, patients are on the outside in the waiting area, and impinge on the consultant normally by interaction only in the examination room. (Of the four surgeons, Mr Leyton was the exception to this). These notions, apt in the physical sense, were reflected in their language. For example, Mr

Rutt said doctors shouldn't have to move outside (i.e. into the waiting hall). Mr Leyton's secretary described the notes being ticked off outside. Mr Cliff referred to the front door organisation.

This division of inside/outside was easily translated by the doctors to describe their perspective at the centre of their world: not just in the clinic but in general. So, Mr Leyton said certain things are outside our scope, referring to administrative arrangements for outpatients such as transport.

Mr Cliff said there needs to be someone sensible outside the clinic. Mr Leyton said he was screened from problems with the notes, introducing the idea of 'inside' equating to 'protection'. Also efficiency depends very much on the nurse; he (Mr Leyton) wouldn't want to know how long patients had waited. He also said that patients can ask questions of the nurse outside. But there was no private area outside - indicating that the 'outside' is thought of, by someone in the centre, as a homogeneous bloc area. The 'inside' notion fits with the perspective of hospital doctors, who since and including their training, have always been in institutions: hospitals. Mr Cliff admitted "we may only see the GPs very rarely".

Patients were, perhaps, to be kept on the outside, except when they are fed in past the consultant in clinic. Thus "information to

patients" was a sensitive issue according to Mr Cliff, whose pet theme it was, and when I queried at the surgical team meeting whether patients knew who to go to for information, Mr Rutt appeared reluctant to give any advice.

Doctors being at the centre of their own worlds is shown in the importance of clinical interests, e.g. as I have noted,many complex back operations were performed at the DGH, more than would be usual, according to GPs I spoke to. This arose from the declared interest of one of the orthopaedic surgeons. Other clinicians had declared interests, e.g. Mr Leyton was vascular and lower bowel. On the inside, their choice of work was their own, picking what they wanted from the outside.

Doctors appear to treat themselves as a centre, in two senses both of their position as individuals having a firm, and also as a group, and this notion is also reinforced by other staff around them. In the former sense, we can see why, for example, Medical Directors of pioneer services, e.g. hospices are under pressure: they have their own world, with a physical identity (the hospice building, say) which would be disrupted by the incoming of another clinician on a peer level. The traditional notion of consultants owning beds and not sharing, is also seen here, but Jim remarked to me that this notion is being eroded. The inside/outside metaphor is seen in the way clinicians handle day to day details: for example, some

consultants take patients' notes home and dictate at home, or, notoriously, lost patient notes may be found in the boot of a car; the clinician as centre can take documents, or people, wherever he likes as long as they are with him. In my data, clinicians also operated private systems, e.g. Mr Hobson keeping his day surgery diary in his pocket. Training, a pet subject of Mr Leyton, is an inside activity, amongst doctors. The idea of doctor as centre was not new to me because I had noticed, doing an earlier survey at the Accident and Emergency Department of the nearby Teaching Hospital, how everything seemed to revolve around the doctor, who did not need to be aware of or do anything except for his clinical work with patients.

Doctors may however see themselves as collectively 'inside'. Thus, I was seen as a District-based (District HQ-based) outsider, which caused problems when I wanted to impinge on their world by suggesting a foreign or strange metaphor (or what Dr Carter called 'alien' ideas when referring to the new management world and thinking impacting on clinicians) of 'Management by Objectives'. Doctors had arenas for discussion which were quite separate from what we would see as the formal management structure; in planning meetings they would refer to views of the Medical Executive Committee, or taking an issue to the MEC (the 'Committee' of all hospital consultants), or if a psychiatrist, the "Psychiatric

Division" - the meetings of consultant psychiatrists (to which others were occasionally invited - but as outsiders).

I found Dr Carter's views somewhat strange in relation to this metaphor. He claimed, when talking about his clinical work, to feel a 'level of detachment'. He 'lets them get on with it' i.e. the other disciplines. According to this view, if the doctor as centre metaphor is retained, the patient is outside that centre. He appeared to feel insecure, wondering if he did his job properly, and this might result from his position, seen as a forward thinking geriatrician, intent on getting patients home quickly (too quickly sometimes according to Pat) and spending time in 'the community' visiting people at home. So he was not too secure in the hospital setting, and as Jim pointed out, no longer operating the 'my beds' model. For Dr Carter, his own 'backstage' appeared to be his management work in which he admitted to me he was more interested than his clinical work. His 'inside' position was constantly under threat: he said he was very very pressed; he complained to me that people put meetings in his diary, and he had no idea what they were for. This would all fit with his not being secure in his own world, which may apply to other doctors. Richman (1987) points out that for GPs to become personally involved with patients, dropping the professional facade, presents an emotional challenge few GPs will risk (p.88).

Similar frustration was felt by Dr Pearl, for different reasons, when she could not understand why we could not go ahead with Weston House without Planning Authority approval, and she was scandalised they could stop us - she was not appreciating or understanding the outside world.

So far we have only seen doctors as 'inside'. But there are ways in which nurses, too, appear to withdraw (as if inside) for protection. Some of the mechanisms used have been recorded by Isobel Menzies (1960) e.g. the old emphasis on task divisions and depersonalisation of patients. Nowadays, task-based nursing has been reputedly replaced by the 'nursing process' - patient care plans with targets, but assuming the need for withdrawal is still there, nurses can use the paperwork as a means of avoiding or depersonalising their contact with the patient. Modern ward designs, with rooms or bays off a central area where the nurses' station is located, also tend to keep nurses at a distance (with their natural 'base' being behind the nurses' station). The inside/outside mentality is shown in little ways: for example, I was shocked when a senior nurse first showed me round St Peter's, walked into a ward where a patient was sitting, eating alone, and completely ignored her. Studies e.g. Lawrence and Kilburn(1984) show that time spent in direct nursing care is surprisingly low. Nurses do not tend to be on call to patients, as I discuss under the servant/service metaphor. Dr Carter remarked that nurses need "their own backstage". In career

terms, too, many nurses have traditionally moved into administration or research, and away from patient care where only a few years are spent. Particularly in the Mental Handicap service, with the high turnover of staff experienced in the DHA, many nurses or care staff move on to management or research or subjects like Quality Assurance, all at a distance from the mentally handicapped people. This may reflect a notion of exposure when on the outside; here the inside is able to represent safety, being hidden away from pressure.

Nick, the Community Nursing Director, spoke in the group discussion about nurses not being able to step back whereas "I could step outside at St James", hence they were in a 'muddle', because they were seeing things always from the inside. Here, inside is not just a protective place but is seen as a source of restricted views. But noticeably, Jane pointed out that carers also need 'space to withdraw' i.e. they do not have that inside place of protection, from the elderly person commonly seen in the data as a burden. The space to withdraw is therefore equivalent to the burden being lifted. Patients too may come to operate this metaphor. When in hospital, as for example noted by Sacks (1984), the patient world contracts to their four walls, or their bed-space and life becomes centred on themselves and their illness. The effect may be to reinforce the patients' isolation - with relatives finding it harder to share in what is happening and the staff finding it harder to see the patient as a whole person, not just a flawed body. Thus a

patient, particularly an elderly one, may find themselves with no-one very close (see Chapter 9).

Sister in outpatients appeared to want nurses to be on the inside rather than the medical secretaries. Although she did not speak in these terms, the tension between nurses and medical secretaries can be seen as a tussle for who is on the inside (with the doctor). Insofar as patients are seen as on the inside, so is the medical secretary: she "knows individual patients and what is expected to happen to them" (Mr Rutt).

I could also share in the experience of feeling on 'the inside' during my part in the Weston House saga - for me this meant being in control of information (for which people outside had to come to me) and holding a close link to the point of power - the DGM Hugh. I noticed that Cyril, my boss, referred to the DHSS as the "Centre", not say as the top level. This implied a central core of power (to which he was linked) but without using a hierarchical metaphor which would tend to be taboo in the context of us all working together.

Problems arise when the person on the inside, cosily cocooned in their own world (which for doctors may seem easily the most important - central to what matters, with life and death decisions) feels the outside is impinging. Thus Dr Carter was very pressed: Mr Rutt said he doesn't feel unduly under pressure, which were the

terms in which he saw my general question about how good the outpatient service was. Dr Pearl had problems facing the possibility of someone else blocking her plans for Weston House. Mr Leyton said that the pressure (for patients) to be seen by a specialist was increasing. Most recently, doctors are facing demands from outside as earmarked funds begin to dictate which patients they treat off their waiting lists, or - more easily ignorable - as Performance Indicators of, say, the ratio of follow up outpatient attendances to first attendances are brought to their attention. The world of outside begins to impinge on their inside world as some of their colleagues hold budgets and are expected to manage finances, and under the new NHS Reforms, their workload and even work pattern (type of case mix) is intended to be determined by Contracts. It is therefore no wonder that clinicians feel threatened. Dr Carter, too, could not understand why St Peter's Hospital could not be rebuilt immediately. 'It just goes on and on and on", he said, referring frustratedly to the Estate Review - an outside activity he could not relate to.

Like nurses, doctors may feel continually exposed even within what we might see as their 'inside world' and want to withdraw further, by distancing thamselves from patients. Bennet (1979) suggests (p.149) that doctors' habits of referring to 'the abscess' or 'the stomach' (which I noticed) or minor patients as rubbish (or as I

noticed in another hospital 'dross') may only reflect the doctors' need for protection.

The inside/outside metaphor colludes with others in selected respects. For example, we can see doctors in their inside world, at a node of the health care system (even, from their viewpoint, at the centre of the system) where patients are 'fed' into them (as at an outpatient clinic) and are disposed to other parts of the System (Mr Rutt saying "I am ruthless about discharges"). I want to suggest it also colludes with the idea of doctor as priest, where each doctor may have his "Holy of Holies" sanctified place (although these terms are not explicit in my data): the operating theatre, say, or examination room, or the consulting room, which was used in practice, as I discovered, and as Mr Hobson agreed, as his own organisational base. Again, the doctor as master would naturally be at the centre, other lesser (servants) coming to him or attending around him, and as prima donna, he would take centre stage. So, for the doctor, other metaphors reinforce the idea of himself as centre. For the nurse, however, the inside space is one she has to carve for herself for protection, and may struggle to do so, part of the dilemma seen earlier, and go against popular nurse images in so doing.

The inside/outside metaphor emphasises too the separation of professionals: it runs counter to the idea of the team of players or

team moving together on a journey while some staff are inside and others inevitably outside. During my planning job, I was struck by how little contact I and my immediate colleagues had with Clinical Directors or other clinicians day to day; we seemed to live in distinct worlds, each having our own "inside". Alongside this, clinicians were famed for writing to the RHA Chairman direct, or perhaps our DGM - when we would expect their point of contact to be a Hospital Manager. This is not so surprising when as central figures they would naturally expect to have direct access to all (other) sources of power.

For the patient, this metaphor helps to explain the general emphasis on (inside) hospital care (as opposed to what Susan and Liz both called "out in the community"). Richman (1987) points out (p.21) that hospitals are insulated from society by medical gatekeeping. Thus a barrier is set up. Patients are brought in to the 'centre', to a day hospital, say, or the central rehabilitation resource described by Jim, or for 'respite care'. It may also help to explain the separation of what the doctor says in the consulting room will happen, and what the patient actually experiences in terms of organised treatment by other staff.

Another implication is a natural reluctance among hospital doctors to seek community links, and hence there may well be problems with the new ideas of "care programming" by which each discharged patient

is supposed to have a coordinated programme of care, and hence also the continued absence of follow up information being fed back to hospital staff. In general, doctors may only be able to engage in close teamwork on the basis of an individual relationship; even in General Practice the notion of the Primary Health Care Team has been hard to establish, particularly for District Nurses and Health Visitors who are either seen (as they complain) as doctors' assistants or servants or else distanced from the clinicians: as Richman (1987) suggests, professionalism encourages separation.

A further implication is the need to retain this 'protective place' where staff/carers can withdraw from patients for a time if that is an emotional need, but to do it in a planned, constructive way, not just as an escape behind the nurses' station. Examples could be planned time out for "on the job" seminars of very small teams where individual relationships could be built (such as I saw for example being built between Mr Hobson and the Outpatient Sister), and more emphasis on volunteer work both to relieve carers in the home setting and to visit patients in hospital, who are not subject to nurses' constant care and attention.

The Inside/Outside metaphor is close to a Centre/Periphery metaphor, as we have seen. There may be some collusion between the Centre-Periphery and Journey metaphors, if we explicate the Journey metaphor to include some notion of relative distance of team members

from the centre of the road or from the leader; some team members may be on the fringe or periphery.

I have noted that this metaphor incorporates ideas of in-out, inclusion-exclusion, and centre-periphery. I want now to consider how these may relate to the logger model of Chapter 6. Firstly, we have, integral to the logger model, the vehicle of the mountain river which represents the organisation. Therefore we could think of an area outside the river, the river being the inside. In this way the metaphors collude, but once in the river we do not get, in the logger model, a separation of inside-outside. Here then, when describing what is going on within the organisation, the metaphor inside-outside collides with the logger model. This fits with proposing that the inside-outside metaphor, which I have shown to be prevalent in the thinking of professionals may be a barrier to handling issues - the 'logs' of the logger model. It would mean people are not seen as free to move around the river to deal with logs. Hence, in logger model terms, one restriction of the inside-outside metaphor is that issues are harder to get moved forward. But it is not in any case clear where the inside-outside boundaries would lie in the river - the metaphors thus collide. Considering how these might collude, though, has sparked off for me a possible variant of the logger model whereby the river only represents a selected part of the organisation - perhaps the managers who are the loggers dealing with issues. Outside, on the

river bank, may be professionals who may be the local natives, having knowledge of the natural surroundings, ie clinical knowledge but little experience of dealing with logs or action channels. In a project team, as I have noticed, if one member chooses to opt 'out' this can oppose my aim to pull them in to the issue. But we have this taken into account in the logger model: the idea of push-pull may be, though related specifically to an issue, a form of inclusion-exclusion ie the dynamic variant of the in-out metaphor. The idea that we might say "let's bring 'so-and-so' in on this subject - a reasonable phrase, displays the collusion of the inside-outside metaphor in its dynamic form of inclusion and exclusion, and also shows how logger model thinking can be used to deal with the 'in-out' beliefs of others by using their own metaphors.

However, we may consider the centre-periphery version of the metaphor to collude fairly well with the logger model. I have described loggers as moving into the mainstream or centrestream, and other loggers who choose to opt out or be dealing with minor, side issues can be seen as at the river bank ie at the periphery of the river. Being at the centre is here seen as at the centre of the organisation - a shared view of what is central, which in logger model thinking means where there is a shared view of what is high profile and important to work on. It may be a question of 'position', described as a perspective by Harre and Van

Langenhove(1991), as perceived through the organisation. As I have described it though, the centre-periphery metaphor involves various centres as they are perceived by a variety of staff eg each doctor being at a 'centre', so the metaphors do not entirely collude.

Although Inside-Outside is such a simple and fundamental idea, and could be regarded as just one particular spatial metaphor, it has potential for related ideas e.g. as we have seen, the Centre-Periphery metaphor closely colludes, and ideas of Inclusion-Exclusion could be another step. In spite of its simplicity therefore and a seeming lack of richness, it does appear to meet one of Brown's (1976) suggested criteria of "range" - or the capacity to develop.

HOME-HOSPITAL-COMMUNITY

I now go on to look at an example of an area in which collusion, collision, and transference can be seen to take place, but in a less obvious, more subtle way, and in which the vehicle terms themselves, not from distant domains, hardly appear to be metaphorical. Because the ideas are common and do not stand out, as metaphors being rather fossilised, they may have the sort of potentially insidious influence we have seen in considering metaphor and ideology (see Chapter 3).

In the Weston House Case Study in Chapter 8, I have touched on the notions of hospital, home and community which were being applied by transference to the new concept of Weston House as it was to be altered by the Health Authority - the various terms with their respective connotations being used by varying participants in the debate.

The idea of Weston House as a hospital collided with the idea of its being in and part of the community - were the residents to be hospital patients or in the community? A hospital would conjure up images of noise, activity, large buildings, in the minds of neighbours and the general public, as connotations of a usual (though perhaps not 'cottage') hospital. Hospitals are also places which people prefer to avoid. On the other hand, they are the source of empire for clinicians - their base and territory; for clinicians, residents would still be regarded as patients under medical consultant cover. As we began to develop 'operational policies' for Weston House, there was a tendency to apply hospital policies; e.g. on catering, kitchen units would be industrial size with meals brought in from the large hospital, rather than, say, a part-time cook being employed to cook for residents. There were tendencies to label rooms "group therapy" (implying Health Staff control) as opposed to the original thinking of "lounge", say, (which could imply residents choose to sit there or not). Staff

tended to think of Weston House in their familiar terms of its being a hospital.

In contrast, if Weston House were seen as in the community, there would be implications of community spirit, neighbourliness, sharing and living together with mutual help and care of neighbours. Clearly in the Weston House situation this was not going to happen and perhaps we in the Health Authority should have considered this. Although Weston House would physically be in a residential area, hence in a residential community, it would not be part of that community. But I could speculate whether any location would have given that community spirit - possibly a village setting but that would have clashed with the notion of being close to people's (the patients') own homes. All this may challenge successive Government moves towards increasingly providing care in the 'Community'eg DHSS(1981),GB Parliament(1989), which has been a vague notion and may at worst mean transferring hospital care from one location to another, at great cost.

It has not been clear whether care in the community means the same as care at home i.e. in one's own home. We have already seen in Chapter 9 how the notion of 'home' has been transferred with difficulty to sheltered housing, and there were attempts to transfer it to Weston House. So how far does 'in the Community' collude with 'home'? We could say that both terms have been altered and devalued

by being applied to institutions, a case of interaction affecting the vehicle terms. In a context well away from institutional care, home can mean a place of family, where one can do as one wishes, one's own territory, an identifiable place one can always come back to, a place where one is needed and also, if one wants, cared for. Willcocks, Peace and Kellaher(1987), referring to Howell, suggest home means "a personal power base and a source of self identity"(p.7). But not all of these descriptions apply even to sheltered housing.

I would like to argue that 'at home' and 'in the community' are used as colliding terms. When (in, for example, the geriatric case study) elderly people have what is called by staff a 'breakdown of the home situation', they may be admitted to hospital then can be said to return 'to the community' which may be institutional care rather than their own homes. To staff, that is good enough: "in the community" is a worthy aim; but to the elderly person, their whole world is shattered and transformed by loss of their own home. This notion of the 'breakdown' of the home itself seems to be insidious. There is an implication of a crisis requiring a massive change - the idea of the person moving from the home becomes understandable and appropriate because of the crisis. Such a crisis may be seen as inevitable - e.g. "there does come a time when they obviously need to be admitted somewhere", said Pat. One reason I could propose for this being such an accepted metaphor amongst staff is that it

colludes with both the 'dealing with patient as problem solving' and 'dealing with patient as putting in care-as-substance', although these two latter metaphors collide, as we will see. When there are too many problems to be solved at once, we get what can be called a crisis. When putting as much care as possible in does nothing, there is again a crisis. Usually the word breakdown appears to be preferred - this keeps the possible sources of the problem well away from staff. It tends to appear inevitable.

To get away from the crisis-necessitating-drastic-action metaphor, another view could be to put, over a short period, very intensive care 'in' - more than a single District Nurse would normally provide. Or, to mobilise resources to solve multiple problems - what Dr Carter called a "complex management exercise" - rather than removing the source of the problems i.e. the patient.

An interesting exploration of crisis as a coercive metaphor is given by Weaver (1972), with particular reference to education. As she points out, whether the situation is necessary and sufficient reason for the label of crisis is a good question. There is often an appeal to a database and a widely held belief (here, the belief would be that of home situation being required to be stable and comfortable) to justify the crisis label, there results a sense of urgency which reduces the chance of considering alternatives, and as Weaver suggests, opponents appear to be foolhardy and/or

insensitive. Finally, she suggests that a clear demonstration that the recommended action will bring a resolution of tension may be missing. In our example, the narrow 'home situation' may be resolved by removal but tension around the patient is hardly lessened.

In summary, the colluding and colliding relationships between the ideas of hospital, home and community give insights and pose questions about widely accepted language of policy aims of health care.

COLLIDING METAPHORS FOR PATIENT CARE

In this example I am looking initially at two metaphors which collide, each of which, though, is not particularly vivid, having vehicle domains close to the target or tenor domain, and which do not cause an immediate clash in dialogue: indeed it appears that these are stable metaphors each lived with, tolerably, by separate professions. Like the hospital, home and community domains, the significance of these metaphors is not immediately apparent and they have required, to use Meyer's(1984) word, "unearthing".

The first is the idea that what is done to patients is seen in terms of solving problems. This is not particularly vivid because seeing the world in terms of problems is a common view. Harrison, Haywood

and Fussell(1984) in their study of NHS managers have noticed a tendency by that group to think in terms of problems. Nonetheless for patient care it is a powerful metaphor. Early in my research Mr Hobson told me that "surgeons think in terms of problems", but the clearest examples in my data are from Dr Carter. Doctors see patients briefly and their concern is to solve the patient's problem - at least for the time being. By that means they can dispose of the patient (to another part of the system) and move on to another. This model is especially applicable in outpatient clinics. The hospital doctor does not follow up the patient on discharge - no feedback comes unless a new referral is required. Hence for example Susan's desire to keep tabs on patients by means of their regular attendance at a day hospital. This all colludes with the inside/outside view of the world; the patient is rapidly outside the doctors' world, even when the doctor is a consultant geriatrician or a consultant psychiatrist and the need for those specialist services lies as much in the community as in hospital. So the patient feels left to get on outside, as recorded for example in a study on patients' feelings on discharge by Gay and Keathley(1979), without perhaps clear information, and having been given a solution to his/her problem, may be without continuing care - or care which is not well organised or managed.

The contrary metaphor is that of care as quantity of substance. It has been seen in Chapter 9 in phrases such as "putting more (care)

in". In this metaphor, the patient is seen as a partially empty vessel requiring filling up to a certain level. The notion of levels is taken forward in nursing ideas of "level of dependence" e.g. as seen with Nick's comments in group session, and that we should "increase and decrease the levels of service as appropriate". The metaphor seems to be favoured by nurses and other care staff, who see patients fairly regularly. But as they see patients day after day they remedy difficulties with increased amounts of care. Hence, as Jim realised, problems are not identified or not 'picked up'. A doctor is not called early enough and we may then get a sudden admission to hospital, with perhaps a 'home breakdown'. I am not suggesting that this picture happens in every patient's case, but that the usual metaphor tends to reinforce the likelihood of it happening. At the time of writing, a 'care programme' approach is being instituted for certain categories of patients eg psychiatric. This is intended to help to ensure coherent management of care but may not address the complementary issue of how to assess the need for medical intervention.

What is perhaps surprising, having identified these colliding metaphors and their dysfunctions, is how the doctors and nurses who separately propound them, nevertheless tend to work together. There are some possible explanations. They do not obviously clash, through their lack of vividness and through a possible collusion of seeing 'filling up with care' as a 'solution to a problem'. We can

also turn to the notion of 'equifinal meanings' referred to, for example, by Donnellon, Gray and Bougon(1986), which suggest similar patterns of behaviour can arise from different expressed metaphors. Equally applicable may be, though, the insulation of the doctor from the nurse or carer in the care situation, which indeed the use of each of these metaphors compounds. As, for example, Dingwall (1976) notes, health visitors and doctors have different models of each other but there is little direct confrontation.

PATIENT CARE AS A RANGE OF SERVICES

Under the heading of the system metaphor I introduced the idea of the 'Services Range' in which services are seen as components of a system, hence old services are difficult to end. In Chapter 9 for example I showed Norman struggling with the idea of whether day hospitals were still useful. New services are seen as highly desirable, as additions to the Range; thus one commonly stated and sought after aim is to provide a "comprehensive range of services" for a particular client group. Nick talked about components to imply how new services fit into a system - a metaphor which emphasises how essential is the need for new services.

It is a highly respectable metaphor, conveying an ethos of freshness, creativity and innovation. More than that, it is what gives managers rewards, as objectives are often phrased in terms of

service developments rather than performance on existing services which is just seen as a matter of keeping the system going, albeit with some quality checks. Even the idea of 'development' itself evokes connotations of youth, growth, the future, freshness. So managers are also attracted to the activity of bringing in new services.

It is well known that some services are seen as more attractive and more prestigious than others. Richman(1987), for example, refers to teaching hospital work ranking highest and geriatrics ranking low. In my data, Susan referred to geriatric services as Cinderella. Similarly psychiatry is stigmatised, as recorded in, for example, Goffman's (1968) classic work. One way of counteracting the stigma is this kudos attached to generating new services, preferably substantially funded. So for example we have talk in the geriatric study data of Carers' support groups, Twilight Nursing Services, or redevelopment of St Peters about which the staff talk more enthusiastically than about for example improving existing care arrangements: Susan was the only one who emphasised what she had done on this in St Peters and implied it had been a struggle.

Norman and Jim both listed services in response to my questioning about changes they would like to see and implications for the NHS: the implication to me was one of the longer the list, the better. There is much talk about packages of care (e.g. in my data, from

Nick, Pam and Norman); Norman also talks about categories and balance of care, again invoking the idea of a well tuned system. In Weston House, we would not relinquish the full 'package' of services (residential, day care, and base for community staff), as the Planning Officer Mr Fish asked at one stage. The apparent benefit of the project lay in the long list of services we claimed to be providing - though that 'backfired' as neighbours used the list to emphasise how much traffic and activity there would be. New services and their quantity are a way of demonstrating what good things the Health Authority is doing. It is much more difficult to demonstrate improvements in existing services. The proliferation of service categories that we see for example in Pat's data of "Part 2, Part 2 1/2, Part 3", colludes with the idea that elderly people pass from one service to another, physically, as their level of dependence diminishes, and can be seen to result in people being moved around. So the 'Range' has become a powerful if often implicit metaphor in Health Services Managers' thinking. Norman's interview points out another danger: the metaphor does not prioritise services in a particular situation. He said "we should be saying to GPs it's not a choice of one or the other (day care or domiciliary support) but the theory should be that day care supplements domiciliary support".

We have here, perhaps, three metaphors which closely collude: the package, the range and the system-components. Both the package and

system components metaphors emphasise the essential contribution of each element: a package should not be split. In the idea of the range we particularly see value in new additions; and as a product range this colludes with the new Market metaphor, which suggests that the type of thinking on services I have outlined above, i.e. the emphasis on new different services, is likely to persist and may increase.

I have regarded the above as a description of metaphors (vehicles) for Services (as tenor). But the idea of services can be regarded as itself a metaphor for patient care. It is a main way in which managers think about what is done to patients; and this is patients collectively rather than individually. It has taken me some time to unearth this, perhaps because I am so used to the idea of services. When we think about services as a package, say, we then have an instance of 'layering', here to make a point with the package vehicle about an ingrained way of seeing what goes on - the services tenor, which is also a vehicle, a metaphor, for patient care.

We can consider all this alongside the metaphors of patient care as problem solving or as quantity of substance. Do new services, encouraged by the Range metaphor, mean new solutions to problems are available, or is the link between the services and the problems too tenuous e.g. does a Carers Support Group help solve a problem of feeling isolated or would "Granny Sitting" meet that problem more

appropriately? And how does a 'service' tie in with other problems faced by an individual patient e.g. financial problems might mean getting to a group would be difficult. These are some implications of the metaphors colliding in how they view patients, whether as individuals or collectively.

With the care as quantity metaphor, the issue becomes one of care being added from the existing service or a new one - but do the 'Service' labels discriminate sufficiently the type of care of which more is needed in a particular situation? E.g. a patient may be getting a day care service once a week but need extra help from a physiotherapist. And the existence of a service does not imply sufficient quantity e.g. the Community Psychiatric Nurses in Barton chose to stop new referrals to their service when understaffed. The 'Range' metaphor could exacerbate this by encouraging diversity of services, which become sparse, especially as old services are still seen as essential system components.

The desired implication of the 'Services' metaphor is that solutions and quantity of care will be available to be picked out by staff/patients (it is unspecified which). But as we have seen there are dangers in the way all these metaphors fail to collude.

THE NEW MARKET METAPHOR

As my data was collected prior to the NHS Reforms and therefore does not cover the period when the market metaphor was being introduced, except for a few ad hoc comments and impressions I have noted, I cannot discuss the way in which the market model has been both assimilated and resisted in the DHA, but offer a few ideas about the process. To do this, I use the earlier ideas of collusion, collision and transfer.

The shift to the market metaphor might come within the scope of Kuhn's (1970) 'paradigm shift' in development of scientific theories, as Dunn (1990) has applied the concept to changing root metaphors in Industrial Relations. In this instance though, the market metaphor has been imposed from Government at a particular point, and mechanisms and procedures introduced in line with that model.

I would not want to suggest one single metaphor which the market model is attempting to replace: we have journey, service, system and the constructed logger model and other metaphors around. At the time of its introduction, views were polarised either welcoming or rejecting. I remember an informal early meeting where Hugh went round the table of about ten senior District managers asking how

they felt about the reforms. Some welcomed the idea of emphasis on being businesslike, others felt the emphasis on economics to be inappropriate; I recall statements such as "It's not what we're all here for". To career managers, however, adapting the new metaphor and its language of purchasing (which was sometimes toned down to "commissioning" with less emphasis on finance) became a matter of survival. Others steered clear of the contracting process so a split rapidly developed between those involved in contracting discussions and those whose participation was limited to providing glowing descriptions of their services for a prospectus, say.

The market metaphor became one talked about explicitly - words like purchaser, competitor, prospectus, being thrown into many managers' conversations, serving the function of showing who was keeping with the newest high profile ideas (conveying a favourable speaker's ethos or as in the logger model, latching on). The market metaphor may be a complete opposite of taboo metaphors, being spoken but not necessarily grasped and believed. It is spoken in order to convey an ethos of being up-to-date, knowledgable about a high-profile glamorous subject.

My own data, from case study 3 in particular, collected 2 years before the NHS reforms were published, shows some of what might be though of as the early stirrings of the market metaphor. Around that time there was privatisation of other organisations, and academic

studies eg Peet(1987) taking place on internal markets: as managers we were aware of this thinking but there was no indication yet of imposition on our activities.

In my data, Dr Carter made a remark to Jane explaining why the Housing Authority was being slow. "It doesn't matter (to them)..You're not going to lose your customers" - thus ridiculing the idea of receivers of the service being customers - who were powerless to move. My data does, however, suggest some reasons why a metaphor such as the market, on the face of it anathema to many care professionals, can nonetheless be assimilated, and adapted in their thinking, and this is by a process of "transfer" such as I have described earlier.

Care professionals see what they do very largely in terms of referral processes. This is an emphasis of which I was totally unaware when I worked previously in the DHSS, and only realised it when working with teams to produce operational policies for developments like Weston House, when referral practice seemed to be a very important and often contentious item. In the system metaphor, patients are moved around - disposed of to another part of the system. Referral (or discharge) letters act as the important trigger to move them on and, I suggest, can seem more vital to care professionals than patients themselves, which would explain why there are incidents of referrals being made but not followed up and

the patient is left in limbo. Certain patients can be seen as more valuable than others, to professionals. When I discussed the logger model informally with Dr Carter and whether similar ideas could describe patient care, he suggested that the equivalent of unattractive issues might be the elderly person with a stroke. It is well documented that some patients become "interesting cases", others as "hopeless cases" (e.g. Walton and McLachlan 1986), and that doctors used to pass by the beds of those who were dying. Some patients are officially known as "difficult-to-place" - usually those with severe multiple, especially mental, disabilities.

Thus we can see some form of competition, within a referral system, over patients - as if patients were a kind of commodity, or even a basic commodity:the bread-and-butter of a professional's life. We have seen in the outpatient case study, the idea of patients passing through a sausage machine, even if that was also used as a negative metaphor. This parallels the market metaphor, but with services as commodity being transferred to their more familiar idea of patients as commodity. One possible consequence of this may be that as money moves around, it is used by professionals as a lever to select the more glamorous patients and reject others. Professionals appear to be customers of each other, then, in this view, some way from the rhetoric of the patient being the customer or even the GP as proxy. There are even indications that the patients themselves are seen as in competition: Walton and McLachlan (1986) refer to the market

place in this way, and in my own data, Susan talked of patients being "candidates" for longterm care, with perhaps the professionals as judges, by implication, so we are back to the earlier court metaphor, more desirable for nurses, which helps to ensure their professional status.

One idea I am proposing here in discussing the new market metaphor is that the process of transfer can be a means of assimilating and adapting a metaphor which appears to be imposed externally; it would need further research to see whether this happens more generally.

MULTIPLE METAPHORS AND ORGANISATIONAL CHANGE

So how does this notion of the way metaphors work together relate to some of the uses of metaphor I introduced in Chapter 3 and drew out from the Case Studies? We may get an idea here of how ideologies alter, as we have an attempt at present with introduction of the market metaphor to the NHS. A new ideology comes with fresh, vivid language, taken up by stakeholders who are eager to show they know what is new and can use it. Hearers revel in the freshness and intimacy formed by the offer of a new metaphor. This attractiveness - largely what I have referred to as the aesthetic aspect of metaphor - continually counteracts the disadvantage that the new thinking collides with what is established. But this is not

entirely a disadvantage, as collision throws the differences into relief. Gradually as the new metaphor becomes established in thinking by group reinforcement and support, it loses its freshness although it may have the underlying strength of collusion with a variety of related metaphors as it becomes a well-explicated metaphor - a perspective which has "ranged" successfully (to use Brown's (1976) criterion) over the organisation, or at least part of it. At any one time, of course, and as I have shown in the data, there are all sorts of colluding and colliding metaphors around the organisation, some amenable to extension and explication e.g. the logger model colludes with some stated views about "issues" such as putting something "on the back burner". As Booth (1979) suggests, these metaphors may criticise each other; and they may vie for domination.

So perhaps it is the degree of conflict between models of reality that counts: some metaphors may collide but provided sufficient collusion can be believed with all metaphors around the organisation, equilibrium can persist. In the NHS, though, there has been much avoidance of confrontation, as we see for example in the concept of fragmentation built into the logger model. Other parts of the organisation are seen as peripheral or even as outside, as we have seen.

Implicitness inherent in metaphors in particular may avoid open confrontation as we have seen: they may be taboo (e.g. overt metaphors of power or status) or may be ones which are not striking or vivid but accepted as an integral part of the day to day, and somewhat ambiguous, language. An example of this would be my example of colliding metaphors of what is done to patients as problem solving or as topping-up levels. The language used around those metaphors is bland and common; conflict is not seen unless one digs into and behind the language to extract the implicit metaphors. Hence, as in the geriatric case study, a conversation could be continued quite normally (with no demonstration of anger or irritation for example). It is as if the ambiguity surrounding metaphors which are not particularly vivid, provides soothing oil on the organisational members whose underlying differences are hidden.

CONCLUSIONS

I have discussed here in some depth a selection of metaphors which appear both common and ingrained in the thinking of participants. Most of these are not particularly vivid: which may indicate that it is the cognitive rather than aesthetic aspects of the metaphors which are of importance here and, relatedly, that their use tends to be as deep thinking to structure the world around participants; they are indications of beliefs and attitudes held commonly and which are not always obvious.

CHAPTER 12

CONCLUSIONS

INTRODUCTION

In this final chapter I want to review some of the insights that have come to me through this research, and offer a critique of the work. I want to consider particularly here too the question of permanence of metaphor and its relation to organisational change, as the NHS is going through a further period of reform, recognising that my data was collected over a period of about 3 years.

In all this, I find I am commenting on metaphor and its use, as well as on the NHS organisation and what is happening in a District Health Authority. Perhaps this is not so surprising: in using metaphor as a "vehicle" to illuminate the "tenor" of the Health Service, my understanding of metaphor has become reorganised, in accordance with the interaction theory. This has mainly happened of course through my reading about metaphor, but my ideas on how multiple metaphors are used and relate spring from my working with the data from the District Health Authority.

So in this chapter I first summarise the research. I then discuss how insights in qualities of metaphor and the use of multiple metaphors in an organisation have come from the research. I then consider more generally the question of change and stability of metaphors and how that relates to organisations. I go on to look briefly at implications of the research: for the health service, for managers, for me and for the study of metaphor. Finally I outline some limitations of the work and opportunities for further research.

SUMMARY INSIGHTS FROM THE RESEARCH

In my early chapters I discussed and commented on theories of metaphor, and ideas on uses and qualities of metaphor. I also discussed debates on the metaphorical nature of language and the justification of the use of metaphor in organisation theory, which I consider raises questions on the philosophy of science. Having emphasised the importance of context which I described in Chapters 1 and 5, I came to the main outcomes of the research. These are threefold: the development of my own model of organisation - the logger model; insights, using metaphor, into the workings of the District Health Authority; and, using data from the DHA, findings on the subject of metaphor.

In Chapter 6 I proposed a new model: the "logger" model, based on the theme of issues progressing along a river. I can summarise

the process of issue development as follows. Latching/avoiding, push-pull and hooking are activities loggers(managers) engage in to influence the movement of issues as logs along action channels. A logger will be engaged in many of these activities on many logs within a short time. Similarly, if we consider a particular issue, many such activities by many different loggers will happen on that issue in the course of time. Each activity achieved can make some change, and can set up a chain of events resulting in another such change. For example, a powerful logger may latch on to an issue, other loggers may see the issue as in their interests and also latch on. This all leads to an issue becoming more mainstream and visible, affecting its shared image, which in turn brings other loggers, now aware of the issue, to latch on. Hooking logs onto each other can also affect the appearance and attractiveness of the original log such that it now becomes in a certain logger's interests to latch on, or avoid it. The argument is that what goes on in the DHA can be described in those terms and be explained by it.

In my case studies I used 3 distinct settings: interviews and observation in an outpatient department; progress of a planning project to develop a day hospital for elderly mentally ill people; and interviews and group work to identify and work on issues in geriatric services. I have presented these studies in terms of a selection of metaphors used; inevitably, given my arguments about

the fundamentally metaphorical nature of language, this has begun to identify multiple metaphors as well as discussing individual metaphors and their use. I have examined these various metaphors in the case study chapters to explore how different participants use them and what these uses could mean in context.

In Chapter 10, I then explored the subject of metaphor in more depth, firstly metaphors which are not apparent and then turning my attention to the prevalence of multiple metaphors and how to relate these, and I suggested a framework of collusion, collision, transfer and layering. In Chapter 11 I explored some of the main themes about the DHA in more detail, arising from metaphors in my data, using the ideas on relating multiple metaphors, and bringing in references to other studies. In this I concentrated on metaphors about patients, the Inside-Outside metaphor, home-hospital-community as metaphors, colliding metaphors of patient care, and the service Range metaphor.

Specifically, the framework of collusion, collision, transfer and layering can help to explain how certain beliefs are reinforced, as I show in metaphors of patients and in the Inside-Outside metaphors in Chapter 11. Examining collisions, for example between the logger and journey metaphors in Chapter 10, can help to explain what is going on eg what may be seen as gaps in what the DHA organisation might be doing or in patient care. Layering can help us to explain

the process of persuasion, as persuasive power is enhanced, and transfer can help to explain surprising perspectives eg how the tendency for patients physically to be moved from one place of care to another may be ingrained in staff views. We can also bring in other metaphors to help illuminate the consequences of other metaphors and their relationships, for example the system metaphor helps explain how notions of Home and Hospital collide.

FINDINGS ON QUALITIES OF METAPHOR

In Chapter 3 I discussed qualities of metaphor and emphasised that certain qualities may be particularly helpful depending on context and the desired use of the metaphor. Apart from the fundamental distinction of aesthetic and cognitive qualities, I distinguished appropriateness in context and with speaker's desired image, helpfulness/health in a moral/social sense, freshness, familiarity, concreteness, relationship of tenor and vehicle, and capability to be elaborated.

In later chapters, discussing my own data, I have also highlighted qualities of resonance, of respectability and of primitivity (and, in Chapter 5, how 'local' a metaphor may be, in application), as well as the compensatory quality of some metaphors particularly for private use. I have also discussed the views that there are trade-offs between qualities of a single metaphor. Multiple

metaphors, however, may be used to balance qualities, achieving greater effectiveness in use, particularly in persuasion. I have identified examples of this in Chapter 10: in the logger model the "issues developing along action channels" metaphor is strongly cognitive, weakly aesthetic, whereas the logger metaphor, layered with it, is strongly aesthetic, weakly cognitive. Thereby I would argue the model may be flexible in use. Secondly, the respectability of the education metaphor can compensate for the taboo nature of the prison metaphor whilst retaining connotations of status of those in charge. Thirdly a familiar metaphor may be enlivened by a vivid one: not seeing the wood for the trees is freshened by a new contrasting metaphor of beliefs as a picture, in my data.

USING MULTIPLE METAPHORS IN THE ORGANISATION

In Chapter 10, I have looked at how multiple metaphors work together in various ways and given examples of metaphors in the DHA doing this, and developed some metaphors further in Chapter 11. I want now to link this to uses of metaphor in the organisation, such as those described in Chapter 3, to explore briefly how people may use multiple metaphors or manoeuvre vehicle-tenor combinations to fulfil a variety of purposes.

The most obvious and fundamental purpose of metaphor appears to be to persuade. Managers need to be aware of others' metaphors e.g.

doctors thinking in terms of problems and in terms of systems, and nurses thinking in terms of "putting in" amounts of resources, in order to influence . This can be for example by encouraging transfer of their own thinking to another arena and sharing ideas in those terms, using the intimacy gained. Or, metaphors which collude can be used e.g.using both Journey and Problem metaphors in ways which do not clash such as "we need to overcome or move past this problem of personalities and move off to planning the hospital extension"(this is not from my data but invented for illustration). Or: we need to put in a specified amount of effort into Project X to receive Y for your Department(and others). This may not be straightforward: it became clear in the Surgical Team meeting in the Outpatients case study that I was going to have to convince the doctors of the existence of "problems" before they would do anything at all. Layering may also help to persuade by its ability to offer a range of qualities at once.

Particularly vivid communication may be achieved by layering. I have given some examples in previous chapters. In summary, we can have, say: management by objectives enlivened by Dr Carter's image of the Alfa Romeo; the system becomes the assembly line or cattle market according to Dr Hill; problems may become puzzles; issues developing becomes logs moving ; a mixture of problems and solutions may become a garbage can. In each, the image becomes more highly visualisable and we have the aesthetic aspects I discussed in Chapter 3. They can

be used for effect, impact and to make more memorable. Two vivid metaphors may clash openly but a more vivid one may be paired with one less vivid and achieve a powerful message. As I have noted previously, vivid metaphors have a particular use to denigrate existing views.

For problem-solving, fresh views are needed. So fresh, or vivid metaphors help, and in particular those that collide with established ways of thinking are ones that can stimulate creative thought. Such metaphors may be introduced for example by:" suppose we look at it this way...".Such new metaphors need to impress in a group discussion and so may need to have immediate impact from their own vividness or potential to collide. They may be held as tentative, and may come thick and fast as in a "brainstorming" session. Their inherent ambiguity means they can trigger other colluding and colliding metaphors and participants need not trust each view as fixed. The need for listeners to interpret and the effort in doing so however(see Chapter 2), involves the listeners as active, thinking participants. The use of fresh metaphors can also tease out ingrained thinking by their action of colluding and colliding with existing metaphors- how the world is already thought of e.g. by raising the possibility of community as institutional care such as Weston House - whether it is seen in terms of "home" or of something else. Sets of colluding metaphors may on the other hand help to reinforce existing beliefs.

In the organisation it may be useful to retain ambiguity and flexibility through using or accepting metaphors, when wanting to gain commitment but perhaps not to restrict options when faced with uncertainty. The colliding metaphors of patient care, as I have discussed in Chapter 11, were able to be sustained because of their ambiguity although on inspection they are seen to collide. This again shows the usefulness of ambiguity of metaphor in maintaining stability. As we have seen also in Chapter 10, taboo metaphors may be disguised by layering; in general, the ambiguity of metaphor allows for varying degrees of explicitness of underlying concepts e.g. that of status. At any time, in order to move swiftly from one metaphor to another, metaphors can be turned neatly or twisted by layering especially using vivid metaphors or by using colluding metaphors of the same or different tenors which make a point but do not deny the original metaphor e.g. the OPD Sister's use of the "shop window" metaphor; where the tenor is the same, the connotations which collude can be seen as a pivot on which to turn the discussion. Both approaches use metaphor's inherent ambiguity. In summary, this flexibility of metaphor can aid both stability and change.

Using metaphors to explain may be best achieved by being aware of multiple metaphors colluding and colliding around the subject - the strange or unknown tenor - to illuminate it from several directions. As Morgan(1986) suggests: any realistic approach to

organisational analysis must start from the premise that organisations can be many things at one and the same time(p.321). Morgan refers to a process of critical evaluation: exploring competing explanations and judging how they fit together, but does not give a framework for doing so. I consider the ideas of collusion, collision, transfer and layering could be just such a framework, and have looked at some colluding and colliding metaphors of organisation in Chapter 10. Multiple metaphors can show variations on a theme, given their power to collude and collide, as Norman showed with "boundaries" and "ends" of hospital and community services in Chapter 9.

To gain rapport, or commitment through a feeling of intimacy, any metaphor may be used. As above, these ask the respondent to interpret it for himself or herself. Metaphors which collude in some respects with others' own metaphors-in-use will aid recognition and familiarity. To do this, it may be important to be aware of others' metaphors for private use.In the organisation setting, looking out for the predominant metaphors as the ones likely to be transferred, finding out how people talk about their world and parts of it, as here, is important.

In Chapter 3, I referred to the use of metaphor as needing boldness. This is even more true of multiple metaphors by a speaker, though: the effect of a complex short passage of multiple metaphors by Dr

Carter was to convey an impression of confidence on his part - that he had a good grasp of the situation he was describing.

For individual use, a single memorable metaphor may be used to make sense of an uncertain, complex and perhaps hostile (as perceived) world around. The process which I have called "transfer" serves to make familiar the unfamiliar. It helps to keep people's worlds intact, just as aesthetic unity is expected of a literary work. Multiple metaphors may be used to achieve an overview - as Jim did in his message in Chapter 9 - and to give an impression therefore that everything fits and he understands the disparate views. Layering, in particular, may achieve coherence.

We see earlier, with the example of "Inside-Outside", the importance of such a common metaphor which colludes with many beliefs and opposes, for example, the Journey metaphor which is propounded from General Managers. There is the question then of how to handle such a collision once seen. One way is careful use of another metaphor which colludes with Inside-Outside: the War metaphor can achieve this by altering(by implication) the boundaries of unity still promoting the "team" but now as an inside group against outsiders. Care is needed as the War metaphor can be re-used to restrict the boundaries further and express division.

THE STABILITY OF METAPHOR

I have touched briefly in Chapters 3 and 11 on the use of metaphor for stability or change, using its characteristic of ambiguity. The question arises: how far do metaphors themselves remain stable within an organisation and how might this affect how organisations change. Some writers refer to the transitory nature of metaphor eg Olsen(1982) refers to the "nonce-meaning" of metaphor, determined by the speaker's intention on one occasion, and Gibbs,Kushner and Mills(1990) to the ephemeral properties of a metaphor's terms. But much of my arguments of earlier chapters are based around the assumption that metaphors do have stability: they are not just exercised one-off in my data but that the metaphors my data displays are common - are shared to some extent - in the organisation and over time. One reason I can say this is because metaphors are recognised, are familiar and often expected by the speaker to be familiar; a fresh metaphor may be introduced tentatively by such phrases as " as it were" (see Chapter 5). Much of what I heard in collecting the data did not seem astonishing or incomprehensible - because they were familiar views. So some stability of metaphor is suggested - for comprehension and sustained beliefs.

Pfeffer(1982), referring to Kuhn's views on paradigms in science, argues that what he calls organisational paradigms have an internal

consistency that makes evolutionary change or adaptation nearly impossible. The change must be revolutionary. "If paradigms are the glue binding the organisation together and differentiating it from its environment and other organisations, paradigm shifts are traumatic and fundamental organisational events". Morgan(1986) gives the story of Socrates cave and in discussing organisations as psychic prisons suggests new ways of seeing are perceived as dangerous; old ways may be clung to as defences against unconscious fears that all is transitory eg fears of death. As I discussed in Chapter 10 with the "Court" metaphor, a new metaphor may struggle to be established because it collides with fundamental metaphors which are ingrained and widely shared beliefs.

The shift to the "market metaphor" can, I consider, be regarded as traumatic and fundamental. Pfeffer quotes Jonsson and Lundin(1977) p.163 "The prevailing myth is the one that presently guides the behaviour of individuals at the same time that it justifies their behaviour to themselves". The existing paradigm or myth, says Pfeffer, tends to try to incorporate any and all information coming into the organisation: information tends to be distorted to be seen as consistent with the prevailing view(Pfeffer p.299). Only when sufficient anomalies build up, cynicism and depression arise around the old myths, and a new myth is created. There is a cycle then of stability and change, on this view. Nonetheless what Dr Carter was describing as the views of clinicians on the Management Board faced

with General Management and Resource Management (the new system by which Clinical Directors would become budget holders for their Directorates) tended to be a case of doctors individually "coming over" to the new ideas - as it has been described to me. This would tend to suggest an evolutionary process.

Similarly, although the change to the market metaphor is so drastic, many managers and clinicians resisted its implications, using say service metaphors to argue against it. But gradually such language has subsided and almost all speech openly among managers now uses the new market language, as managers and others see its use as a necessary tool in their own fight for survival, as hospitals compete with each other and Health Authorities begin to consider merging with each other. This is all part of conveying a "speaker's ethos"(see Chapter 3) of being up with the times, as I have suggested. So this would suggest that the revolution view disguises some rapid evolutionary processes within the organisation as individuals switch their metaphors. Perhaps metaphors, as forms of theory, should never be regarded as stable. Hoffman(1985) refers to the recognition that theories are dynamic processes: "in practice there is no such thing as a theory, only theorising "(p.366). Similarly Gentner(1982) emphasises the process of developing metaphor as achieving insight, and for me the processes of comparing and relating multiple metaphors as we get when metaphors are used in conversation in my data is crucial. We would then return to the idea

of metaphor as movement around ideas and the notions of Parker and Wallace Stevens which I talked of in Chapter 2. I consider that more work is needed on this and that this in particular could be a fruitful area for further research in change and stability in organisations.

LIMITATIONS OF THE RESEARCH

When I consider the research and what has emerged from the work, the question I ask is: if I had been able to do x, would this have substantiated the findings or added a different slant to them? So, for me, the limitations of the research are mainly limitations on its scope.

As I described in Chapter 5, the research was performed in one District Health Authority, over a short period prior to the latest NHS reforms. So I have not looked at the use of metaphors in other organisations, whether within or outside the NHS, which might have yielded other metaphors and other narratives when the interactions of metaphors(vehicles) with the organisation(tenor) were expounded. In particular I have not applied the logger model to other organisations. But my research was within three quite distinct settings within the organisation, with largely distinct participants from various levels and disciplines. But that variety, given the short period of research, also meant I have not looked at how the

use of metaphors changes over time, a theme I expand on above. Instead, what I have studied is a snapshot of the organisation under general management and at a rare period of reasonable stability, given the frequency of reorganisation in the NHS.

The other specific areas where I think the research was limited are firstly in not selecting patient views. Whilst the central theme of the research has been the use of metaphor, the insights gained into aspects of health services would have been richer with metaphors spoken by patients included e.g. do they regard a hospital as a prison - or perhaps a sinister machine (as in the novel One flew over the Cuckoo's nest- see my Chapter 10). In the contexts of my case studies it would have been difficult to have interviewed a patient in the relevant services but it could have been done. It would be easier now perhaps with so much emphasis around on taking account of patients' and carers' views.

There are also two areas where I realised I needed to exercise caution in my interpretation; perhaps these are not so much limitations as areas of particular uncertainty: that is the identification of underlying organisational metaphors which has meant reading across from verb metaphors to identify, say, the Journey/Trek metaphor being used. As metaphors collude and collide, and because of metaphor's inherent ambiguity, it is possible in any single instance of data to identify several entailed metaphors: what

I have done is to bring out those which appear to me to most obviously underlie the words spoken and to demonstrate this. The second area is the identification of absent metaphors which by definition cannot be with any certainty - I am inferring what is taboo and unspoken, from what has been said and the way it is said in a way I believe is plausible, but I have to point out it is not directly in the data.

The final limitation is that my data was mostly individual interviews. My group data was not extensive. Therefore the participants were using metaphor on me the researcher. It is reasonable to suppose that in interaction with colleagues metaphors may tend to be used for other reasons. While this should not alter my analysis in Chapter 3, it could perhaps alter the relative emphasis given to these uses in the organisation.

IMPLICATIONS OF THE RESEARCH

Implications for Me

Given my unusual position in undertaking research from a formal post with the organisation, one way in which I have been able to assess the value of the research is by looking at its value to me as a manager. The research has helped me to frame my thinking about what has been going on around me in the organisation, by my own use of

the logger model and by my awareness and understanding of metaphors which others are using. I have continued working in the organisation in much the same post and I have continued to assess what is going on in the light of various of the research findings: I now find I look out for metaphor, notice the vivid ones and consider why they are being used.

This section contains what Manning(1979) calls "self-confessional notes" (p.668). So here I want to admit to some prior opinions as well as talk about how the research has affected and helped me.

Firstly, I was conscious, when undertaking the case study analyses particularly of Case Studies 1 and 3, of my view of the patient as helpless and defenceless against what was being done to him/her by people in the organisation, and that belief will to some extent have directed my analysis. But having gone through the analysis and interpreted how patients, and what is done to them, are seen by staff, I now feel much more receptive to the idea in the original Griffiths report - NHS Management Inquiry(1983) - of obtaining consumer views for example by involving the Community Health Council; whereas before I felt it was likely to be a nuisance and obstruction in our planning work, I now think it is the only way of being able to take patients' perspectives on services, perspectives which we clearly do not hold within the organisation.

Next, I was not previously áware of the dilemma over what we call the "community" in health services but feel the research has exposed this and am now alert to explanations of this and the common use of the word which I now question.

These are areas where the research has helped me in my planning work in the health service. But a main focus of the research has been the subject of metaphor and what we can learn about how people use metaphor and multiple metaphors in the organisations. I had held few previous notions myself about metaphor, but early on in the research I was struck by the idea of "Image" and felt it important to emphasise this within the logger model. This was in part prompted by noticing how, surprisingly to me, Hugh the DGM gave enormous attention to enhancing and preserving the image of the organisation. This led to studying metaphor; and my interest in this began to dominate the research. Several prior thoughts fell into place eg my own early notion of creativity as the juxtaposition of two ideas, or noticing that we tend to enjoy and remember and warm towards speakers who use colourful language almost irrespective of what they say. But the most exciting aspect was beginning to consider how metaphors work together - exciting because it seemed this had not been explicitly studied before. All this meant that I now had a new model for making sense of the world - that model being the concept of metaphor, and this is a model I would like to use in other contexts in other studies - feeling it could be used very widely.

I have been able to use the logger model myself: as mentioned in Chapter 5 I used the early version - a model based on issue development - to enact the field work of case study 3. But it was also more generally useful to me. The logger model enabled me, for example, to view certain conversations with my boss about planning work in terms of whether I wanted to get involved with certain issues or not, and at what stage. It also meant that I was alert to moves by others to latch onto issues on which I had a hold. Also, in the process of explicating the logger model in detail I became more attuned to the model and its component concepts and became more convinced by it myself as a useful way to view the world around me.

Finally, the research has given me a renewed respect for poetry and aesthetics as well as for science which has been my main background. It is as if I have used the subject of metaphor to "retreat" as into a "plot" (using Parker's terms) and return, emerging with a new order in my thinking.

Implications for Managers

Based largely on the effect of the research on me and my work in the NHS I can identify some implications for managers.

The study of metaphor demonstrates the value of being open to new creative interpretations, both as Morgan(1986) suggests, and as I

discussed, in Chapter 3, on the use of metaphor in Problem-solving. The process of understanding what metaphors are around both helps as manager to appreciate what others are thinking and why - and also enables another view to be considered. It helps discover how people are attempting to create reality for a manager and also how they are describing it. This is the value of "unearthing" underlying or implicit metaphors.

In the logger model I have aimed for a model which does not appear farfetched or contrived but still colludes with notions managers use in their everyday life eg talking about issues being "steered" in a direction or being "behind it", or a recent phrase by a UGM "people feel things are moving away from them." Insights from the logger model include: the importance and value of identifying issues, being alert to new issues, and choosing those in which to be involved; the importance of setting up action channels and being aware of those that exist; being alert to activities of pushing-pulling by other managers and what images of issues are around; and, the importance of pacing issue development by hooking on or by circling.

From Chapter 10 we can see the value of not just using a single metaphor like the logger model or the journey but be able to see how managers can move from one metaphor to another (by collusion or by layering say) to persuade of another view while avoiding

confrontation or to challenge a view overtly by use of a colliding vivid one, say.

The many uses of multiple metaphor which I have discussed above should be helpful to managers. Each metaphor may have particular uses in particular contexts: the Journey metaphor may be useful in a large forum for giving commitment say; whereas if people seem to be thinking along the lines of the logger model, persuasion may be gained by emphasising the attraction of a particular issue needing to be worked on. Another lesson for managers would be to be alert to predominant metaphors even if applied to a tenor in which the manager is not likely to be concerned, because these predominant metaphors or vehicles are the ones likely to be transferred in people's thinking to other tenors. Transfer can also be useful for gaining attention through intimacy by using vehicles which are familiar to the audience.

Implications for the Health Service

Although my research has in the end focussed largely on the subject of metaphor, I have used the material of the health service to work with metaphor and so in the process have gained insights into the health service from the research. I have shown how the metaphors people use say something about their beliefs about people in the NHS and what is done, interpreting them and suggesting how prevalent and

ingrained some of this thinking is, by means of theory of metaphor (Chapters 2 and 4).

What does the logger model say about the DHA organisation? Whilst the model may be applicable in other settings it emphasises certain characteristics eg the fragmentation and separation of individual work between individuals and groups on which the Health Service is based: in Chapter 1 I described the concentration on professsional disciplines, and looked at this in more detail in Chapter 7. It does offer a way of looking at what is going on in the Health Authority which emphasises the importance to participants of the issues they are working on and how these are handled and relate, rather than say rational decision-making or working by routine procedures. It helps to explain why certain things get done and others are left, leaving what may appear to be gaps in what the organisation does.

Where the logger model may be particularly interesting in relation to the NHS, may be in its interaction with other metaphors eg In-Out as I showed in Chapter 11 - such interactions when explained may reveal distinctions between one organisation and another, or different organisational settings. And perhaps it is in this process of explanation rather than the model itself that the insights become apparent just as Gentner(1982), quoted in Chapter 4, considered it was the process of construction of scientific theory which was revealing rather than the theory itself. It is as if we are showing

how multiple metaphors collude and collide against a backcloth of an organisation as context as I have done in Chapters 10 and 11.

I can, nonetheless, identify some particular insights which have come from the research and apply within the District Health Authority under general management.

Firstly we have the position of patients which I have touched on in Chapter 7 and discussed again in Chapter 11. What this reveals is that there are glaring contradictions between the "official" rhetoric, aims and "mission statements" promulgated by Government and within the NHS of patients being "first", as compared with the language actually being used by staff from a variety of disciplines- both staff who make decisions about resources and staff who care directly for patients. We also have some particular insights on patient care: eg the implications, for managing care, of the nurses' dilemma over their position as servant to the consultant (see Chapter 7).

Secondly we have the uncertainty over what "community care" means, whether sheltered housing is still institutional care for example and whether we are now providing institutional care in new locations and calling it "community" care. In particular, the idea of elderly people having to be moved as they become more frail is ingrained in NHS thinking, as I have shown in Chapters 9 and 11. This is all

particularly relevant in the light of the new NHS and Community Care Act 1990 now being implemented. The research does show (Chapter 8) that we need to be particularly careful about how new services are described.

Thirdly, we have the emphasis, the widespread colluding power, of the In-Out metaphor in Chapter 11 which accounts for feelings of isolation and powerlessness, lack of teamworking and barriers both between staff and between staff and patients.

Finally, I want to mention, the lack of clarity of the Clinical DIrector and Group Leader roles, apparent in the clinicians' expressed uncertainties and insecurities about what they were supposed to be doing; the idea of doctors in management, though now less prominent, has stayed in the NHS but needs looking at again.

More generally though what I have shown is the power of people's interpretation and constructions of reality, how many of these are shared, and how others differ (eg the views of care as substance or as solving problems) yet can be sustained, with implications for health care as in Chapter 11.

Implications for the Study of Metaphor

There are many findings in the research about metaphor which I have outlined in the summary above. I want here to pick up one or two wider general implications and resulting questions however. First, I have shown instances of the powerful effect of constructing and interpreting reality through metaphor eg the closure of St Peters hospital is based on such beliefs (see Chapter 9). It is also suggested by my research, particularly with the logger model, that explicating metaphors leads to improved understanding. I have found this and have briefly discussed the effect on me personally. So the process of studying metaphor in a project such as this is much more than extracting and displaying metaphors used by particular people. But both explicating single metaphors and, as I have shown in Chapter 10 and 11, comparing metaphors and seeing how they relate give other insights. These methods should I think be useful for much qualitative research and I go in to suggest below that they are tried out in other contexts. It is a kind of critique of metaphors used which I am suggesting and as Booth(1979) said we thereby can improve life.

I would like to think that I have opened up a new area for research on the use of metaphor by raising a challenge to the classical view of mixed metaphor being taboo, by looking at how multiple metahors

work together and my proposed framework which could usefully be examined further; there may be other ways of drawing out relationships between metaphors: some structured, some loose.

There may be ways of deciding how some metaphors collude and collide and tend - to a listener - to do more one than the other. Even in the cases of opposed metaphors in Chapter 10, some collusion can, as I have shown, normally be found via another metaphor. There is a potential proposition here: that every instance of conflicting metaphors can be reconciled or found to collude via another metaphor though considerable ingenuity may be required to find it. But we come up against the personal nature of many metaphors and their usual dependence on context; even if such an intermediate metaphor is proposed, a particular speaker/hearer may be unable to use/understand it.

There might be boundaries to the process of transfer which I have shown to be widespread in the DHA; when does an individual stop transferring their own familiar vehicle and be inclined to look at another, new view?

I have looked at what I have called "layering": there are some questions here. Should we always consider a more vivid vehicle to be layered above a less vivid one? Are there reasons apart from those I have suggested in Chapter 10, for why people use layering, and how

readily can we identify it? Is it normally used in discussion or do people use the process of layering to think about their own constructions of reality? From my experience I would suggest yes, in order to make a topic more interesting, vivid and memorable, but this needs looking at further.

SUGGESTIONS FOR FUTURE RESEARCH

Some of these areas, together with some of the limitations of the research I have outlined above which I feel the research could readily move on to, provide suggestions for further research. These are: examining the way the use of metaphors changes over time, looking at the likely prevalence of similar metaphors in other organisational contexts, (including applications of the logger model); in the NHS, looking at the market metaphor; using my general approach in order to help with ethnomethodological studies; looking more at specific uses of metaphor - how people are persuaded and how they counter metaphor, as they interact.

I have discussed the stability of metaphor earlier in this Chapter. It seems to me that the timing and evolution/revolution of metaphors in certain contexts would be a fruitful subject. It would be difficult: the data needs to be rich in order to show metaphors interpret them in context and demonstrate their prevalence - to look at changes over time could require huge quantities of data -

more than I have collected. One possibility would be, alonside other work/research in a setting, to look out for all occurrences of a particular metaphor (in so far as it can be separated - given as I have shown colluding relationships with others and inherent ambiguity) and by whom, when and where these take place.

An obvious area for more research would be to look at the prevalence of similar metaphors I have discovered, in other organisational settings. An interesting aspect here is that many of those I have worked with I have considered to be "primitive" eg War, Journey ; for example in Chapter 10 I discussed briefly how common the journey notion is in Literature. (A related idea is how Martin,Feldman and Simkin(1983) showed a culture's claim to uniqueness through stories is expressed through cultural manifestations which are not unique). I have not identified a game metaphor here explicitly though I am aware that in my recent work it has been used - particularly during the first year of preparing contracts for health services where we were all trying to keep up with the changing "rules of the game" and there was much talk of a "Level playing field". It may be that such "primitive" metaphors as War, Journey,Game,Theatre - fundamental cultural ideas - may be prevalent in other contexts. Again as with the logger model it may be that expounding the relationships with other metaphors and how they are used that provides insights into what is going on in other organisations and why. In any case such an

investigation would in effect be an examination of transference of primitive widespread ideas to new contexts.

This sort of analysis could have been done for the "market" metaphor as people began to use the language of "purchasing" and "marketing", for example. It would still be worth a study of how prevalent the market metaphor is and how it has perhaps been modified and adjusted in the field from the original rhetoric of politicians, eg I have suggested in Chapter 11 how professionals have seen their world in terms of a market but using patients as commodity rather than services.

The general approach I have followed here, of identifying metaphors and examining them closely in context, to provide insights into their use as a reflection of, and to construct, realities, could be used in a variety of settings, not just to look at one organisation. As I pointed out in Chapter 8, it is important to identify not just the vehicles people are using but the tenors - what they see is important in their world. Specifically, the openended nature of interviews, the recording of verbatim data and its analysis by pervalent metaphors could be used, and a particular approach would be to develop use of the extended metaphorical narrative to describe an organisation rather than structured models. There are other ways in which the framework that I have suggested for looking at multiple metaphors could be used and worked on and interaction with

participants could also continue to look at persuasive effects of metaphors working together (according to Bosman (1987), persuasive effects of metaphors need further study anyway). For example a researcher could propose the transfer of metaphors from other tenors whan looking at a new tenor, or could suggest how metaphors could be layered to make an idea more palatable for example; the research would then look at how this was received in various contexts. We could also look specifically at how people use metaphor in argument - and here the ideas of colluding and colliding, of aesthetic and cognitive aspects of metaphor having their uses should come in. I have introduced some analysis on countering metaphor in the Weston House case study:Chapter 8.

Finally it would be interesting to see how the insights into the health services, eg the ingrained belief of transferring elderly people, have remained since the data in this thesis was collected.

CONCLUSIONS

I have suggested that this thesis has itself taken on a metaphorical quality, with its interaction between insights into the DHA and insights into metaphor, subjects which have been hard to distinguish at times. To sum up comments on the research, I turn to Astley(1984) and Brown(1976). Astley refers to a view that research products should hang together in meaningful units with poetic quality ie like metaphor should have both cognitive power and aesthetic coherence, and I have aimed for this here. Brown and others suggest that a good test of metaphor is whether it can be developed further: whether one can do more with it. I would like to feel that the same applies to this thesis and the ideas about metaphor in it: that there is more that can be done, as I have just outlined. Finally, I want to emphasise the value of delving into the detail of what people say - a task I found daunting at first, but enlightening: I have found by this means for example ways in which the views of staff in the DHA differ whereas at face value much of what they said appears to agree. This is the importance of understanding metaphors people use by unearthing them, so that we become masters of metaphor rather than - as Brown puts it - their victims.

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APPENDIX A

'THE MOTIVE FOR METAPHOR' : Wallace Stevens

You like it under the trees in autumn
Because everything is half dead
The wind moves like a cripple among the leaves
And repeats words without meaning.

In the same way, you were happy in spring,
With the half colors of quarter-things,
The slightly brighter sky, the melting clouds,
The single bird, the obscure moon -

The obscure moon lighting an obscure world
Of things that would never be quite expressed,
Where you yourself were never quite yourself
And did not want nor have to be,

Desiring the exhilarations of changes:
The motive for metaphor, shrinking from
The weight of primary noon,
The ABC of being,

The ruddy temper, the hammer
Of red and blue, the hard sound -
Steel against intimation - the sharp flash,
The vital, arrogant, fatal, dominant X.

Quoted by Parker(1982)(p.146)

APPENDIX B

EXTRACT FROM DETAILED CASE STUDY 1 ANALYSIS

The following paragraphs are an extract from a detailed case study analysis of Case Study 1, from which, with Case Study 2, I developed the logger model.

VIEWS OF ISSUES

As people look around them, they see a view of issues floating towards and past them, and they see things in terms of issues. In particular, they see things in terms of problems or issues with which they perceive difficulty in handling or manoevring. Whether I asked my interviewees what was good about the service, or what difficulties do we have in giving a good service , the answers to both questions came in terms of issues which they wanted to raise.

For example, Sister talked to me about the possibility of having a breast specialist sister for counselling. She said," the problem is that nurses don't get job satisfaction." So she was seeing a possible change in terms, at least in part, of the problems that could be generated.

When I observed Mr Hobson's clinic, he told me that at the moment the same room is used both for eyes and sigmoidoscopies, an this is not satisfactory. So he was raising a problem, to which there was no immediate solution, although a new building was being planned.

Mr Hobson talked a lot about problems. He said "there are problems when we cannot find things in the clinic, or when a patient needs a lot of attention." Later he said that most problems that he was aware of related to the organisation of the clinic. He was again seeing things in terms of problems and feeling that his own position was acceptable except when what happens outside impinges on him, or an issue bumps up against him. He said that if it is stuck to, the appointment system "works reasonably well." He was describing that the problem is that he does not know how long a consultation will take. Again, the problem is revealed as if with a system, and the one to one interaction with the patient overrides, as untouchable in his view. When I asked for any idea to improve the service, I remember Mr Hobson hesitated. He said "the appointment system should be looked at." Thus he was not identifying options or solutions but a problem area or issue, and later Mr Hobson did say to me explicitly that surgeons think in terms of problems. Harrison, Haywood and Fussell(1984) in their study of NHS managers have also noticed this tendency to think in terms of problems.

Mr Rutt said that his main concern was in getting patients admitted; since the recent hospital development, there are not as many beds and too many patients (admissions) are cancelled. At the moment Mr Hobson and Mr Rutt have a booking system partially operated by diary but " it is not working as it should." Thus, he was raising the issue of patient admissions to me although aware that my project was to look at outpatients.

In my second interview with Sister, she was talking to me about the service, and said "the main problem is medical records - it's becoming very critical and we have got to get something done about it. We have got to sit down with people and sort something out." She was seeing management of the service or her own job, in terms of problems, and in this instance an issue which had got to a critical stage of prominence in her view.

When I attended Mr Cliff's Tuesday clinic, the Senior Registrar, Miss Rose, asked me what the study was about. I asked for any suggestions she might have, saying that part of it was to pick up the ideas that people might have about improving the system. She said her main complaints were about Anton: "If you could so something about Anton..." so she was responding to my request for suggestions, in terms of the problem areas around.

When I attended Mr Rutt's Wednesday clinic, there were two extra sets of notes identified, and one set missing. Staff nurse said to me: "this is one of the problems". Again, the nurses were seeing things in terms of the problems, and wanted to make me aware.

When I attended Mr Hobson's Friday clinic, the clinic nurse told me unprompted: "the biggest problem we have is the notes." In all these cases, it may be that the staff saw me as a potential problem solver. The study work was not, however, expressed in those terms, and therefore I had the impression that nurses were seeing things in terms of problems around them.

The nurses also told me that no problems had been encountered with the notes prior to this particular clinic, again seeing things in terms of whether problems existed or not. Later on, the nurse said that the biggest problem is patients having to go over to X-Ray to make their appointment. There seemed to be more than one 'biggest' problem, in other words, different people had different perceptions of what issue was most prominent, visible or close to them.

Each individual faces many issues at once. For example, when I was undertaking the project work in outpatients, I was also dealing with issues for the annual District Review (by the Regional Health Authority) and capital planning questions, and also remained alert

to those appearing upstream with which I might become involved later.

Mr Hobson as Clinical Director was dealing with my project, with day to day issues passed him by Sister, and with issues about the management of the hospital, eg the new building proposals, which were clearly jostling for his attention and indeed by hooking my project onto other issues he saw a way of speeding those up.

Different people take a different viewpoint of certain issues coming down in front of them. In this Case Study I noted differences in perception, not just of issues but also those of other people, and hence, issues involving those people. Perhaps the clearest example was the issue of the presence of the medical secretary in the clinic,ie during part of the doctor-patient consultation. The clinicians told me they found the presence of the medical secretary helpful. From what I observed, the secretary was partly there to remember names and characteristics of patients on behalf of the doctor. In my interview with Mrs Scarson, Mr Cliff's secretary, she said that there is plenty to do in the clinic, there is advantage in a secretary being there and knowing what has been said. Mostly patients do not mind the presence of the secretary. She seems to see this then, as a way of making her job, and the job of the doctor easier, and as long as there is not too much of a problem with patients objecting, this was all right. She said " nurses see to

patients; the medical secretaries take letters." She saw no overlap between what nurses did and what medical secretaries did in the clinic.

However, Sister in describing that " the nurse deals with questions and talks to the patients, and beforehand the patients may tell the nurse things they would not tell the doctor, also said "this is why we need trained staff and they know more about diseases than medical secretaries." She saw the nurse as the link between patient-doctor on clinical or confidential matters, rather then the medical secretary having such a role. I did not ask a patient for their view of the issue but my own perception was that there was a great deal of bustle and activity going on around the patient, which kept the clinic momentum going, but which was probably unsettling for patients.

Another example is that of patient waiting times. There have been a number of surveys of outpatient departments addressing this issue and trying to set standards. Mr Leyton, however, said he was not worried about the time patients wait. People should think about the time on the appointment card as the time they should attend rather than the time they will be seen, implying that patients should expect to wait for the doctor, but the doctor should not wait.

The role of nurses also seemed to be perceived very differently. Sister said: we are the patient's champion.

Mr Cliff said, when talking about the difficulties , that there were not enough nurses. "We need high quality nurses to run the clinic efficiently. They should be capable of forward thinking, like critical path analysis planners." Thus, he saw nurses as a resource, and as executors of the system, a commodity, and as a group. "The most important thing is to keep the flow of patients going and to keep a patient ready in the examination room." Nurses are again seen as the raw material, with himself as the centre.

Mr Rutt said that the clinic nurse was of fundamental importance,eg a small point but vital to the running of the clinic is that patients needing a certain treatment go into a particular examination room and that he "liked patients to be ready undressed." He saw the nurse's role as keeping the system working smoothly for him. Thus, perceptions of the issue of the role of nurses differed.

APPENDIX C

EXTRACT FROM THICK DESCRIPTION PREPARED FOR CASE STUDY 2

The following paragraphs are an extract from the "thick description" I prepared prior to analysis of the data for Case Study 2.

On 3 November Jim initiated a meeting with Hugh the DGM and me, in the DGM's office.

Jim: I think we ought to be doing more.
Hugh: Yes, I think we should be doing more. I'll speak to Peter Daly about who we should see on the Committee.

By this time Jim had the management responsibility for the public relations work - this had been settled in October. He felt that we should be doing something in the period before the Planning Committee in the way of lobbying councillors and his approach seems to be to talk informally to people, make direct contact, as much as possible. But by this time he was a year into his own job and very busy. I was less sure about how much lobbying we should do as a Health Authority? - that we should not be seen as interfering in the process. I'd talked informally to Cyril about this and he was concerned too and talked about the danger of 'overkill from our

side. When I expressed doubts to Cyril he said he'd set up a meeting with the DGM.

Over this period I was not sure how much more talking to people we should do in order to get a better chance of getting the project through the Planning Committee. I felt I needed to draw on someone else's experience but the two obvious people for me to refer to, JIm and Cyril, disagreed. I was surprised when the DGM said we should be doing more. I felt he had seen the correspondence in the Press and how, as it seemed to me, the information about the project which we had given to people, had then been used against us. Also personally after having briefed Councillor Bunce, one of the Councillors of the ward in which the property was situated, and got nowhere, I was not keen on doing any more lobbying which might be worse than nothing. Jim had been keen all through to talk to the neighbours, but I also knew that Cyril felt we might be doing more than we needed to. Hugh had made the point in a meeting with Cyril, Jim and me that we were supposed to be "informing" neighbours rather than "consulting them (according to our procedures on Land Transactions - a national guidance manual). I felt as if we had a battle on with the neighbours and Councillor Bunce, and they would use any tactics they could to oppose us, and that I might be too trusting of them. I was aware that the real test of success of the project was getting Weston House through the planning application stage, and I felt this aim was overriding. Hugh however early on had said: what we don't

want is the Councillors saying: well you can have it, but you haven't done this very well. So he seemed to have a strong, possibly overriding concern of the image of the Health Authority.

I did not take any action myself then and assumed Hugh was dealing with Jim about briefing, or else it wasn't going on, in which case I was happy. During that same meeting on 3 November, Hugh asked if we could get any more information direct from patients. I remembered that Dr Pamela hadn't wanted any patients' identity disclosed and also the regional press people had not wanted to interview patients directly. Hugh suggested we got up a petition and asked Jim to organise that , ie a petition to counteract the one produced by neighbours with over 100 signatures. (I think it was the same time that he asked me to inspect the one neighbours had produced). On 10 November Mick came into my office without warning, as he often does, and sat down. Without preamble he began:

Mick: This is serious. We haven't got a petition. We've had nil response. One relative said 'We cant help you'.They feel guilty about wanting to get rid of their elderly person and signing a petition to do so.

Mick then told me he was off to see Jim. I assumed that Hugh had asked Mick to organise the petition and he hadn't managed it. Later I went to see Jim.

Jim: Charles(the husband of Mrs Ann Swann) isn't producing a petition after all. Mrs Swann thought she'd got a message not to do it. I don't know where from. I don't think from me. (At this point I looked puzzled - I didn't want Jim to think I'd passed any such message to her). Mick has been asking the CPNs(ie the community psychiatric nurses who come under Mick and have direct contact with these sort of patients on their own homes). We don't know whether anything will turn up. I don't think it's right to put the pressure on do you.

Me: No. That's a real danger.

Jim: I think we need to think about how we've gone through this process. I haven't been too clear who's been managing it, Hugh or me.

Me:Yes. I think we should have some sort of post-mortem. There are several things to be learnt. One thing is you need someone earmarked who <u>can</u> give priority to it. Several things at short notice.

Jim: I feel it should be done in the unit(Jim is unit general manager, ie would be his own bit of the organisation). Perhaps with assistance from you.

I sensed by this time that there was a sense of urgency about the work we should do(or be seen to be doing?) in a short time(and possibly even a preparation for laying blame???). Mick when he talked to me sounded worried, and so did Jim later. At the time this was as far as I knew the highest profile topic of the Authority as

far as our public image was concerned. Hugh had been anxious to publish a 'bulletin' about our service plans in the local paper but this though underway was not complete. The Health Service Commissioner had previously criticised the Health Authority on another project for the way it had gone about putting mentally handicapped people into the community.

APPENDIX D

ANALYSIS OF GROUP DISCUSSIONS WITHIN CASE STUDY 3: GERIATRIC SERVICES

GROUP DISCUSSION: NICK, DR CARTER, PAT,JANE

Within the group discussion setting, it was interesting to see how certain metaphors could be shared, as participants sought common ground, while others were taboo. For example, lack of funds, external agencies or the system could all be blamed for things not happening, while it was taboo to blame or attack individuals. Thus at the start of this discussion, Dr Carter said "we have external constraints or something is holding us back from laying our hands on the resources." Jane called this a "financial block". The "block" idea as a means of explaining frustration appeared again as a "blockage" and the constraint seems to be resources. Jane complained of "Housing dragging their heels", and that she was putting herself under too much pressure; Pam and Dr Carter said wardens were "driven into the ground". Nick intervened to say they (Housing) supported the idea we wouldn't seek to move people on, and he would "pick it up" with Ken(Deputy Housing Director) and that they (Housing) all felt "threatened" by reorganisation). Even blame on an external agency was becoming taboo, given the notion of working together as

"partners" with these agencies - Nick was also aligning himself with the senior Housing people (Jane's bosses).

The first part of this discussion was dominated by two themes: Jane's frustration at not being able to get more care attendant time and to use what she had more flexibly, for which she was blaming her bosses ("Housing"); and a discussion about conditions for patients at the new Anton hospital, with general comments about dealing with patients/residents.

When Jane said the Council(Housing) tend to say "put her into hospital" i.e. a resident getting worse, Dr Carter responded with an account of what happens:

"There's three things that can happen when someone gets worse in their own accommodation: one, they get shipped out to somewhere else(Part 3); two, they get referred to medical input, whatever, and they try and sort the medical bit out; or three, you carry on trying to manage them and you succeed or, three, you carry on managing them and you don't. The danger always is that when something goes wrong and the management gets more difficult that you carry on putting in more, and the problem underlying is not sorted out. That's what happens in Part 3 homes you see and that's classically what happens in warden controlled accommodation".

He was using three metaphors here: "shipping out"- a vivid denigrating metaphor implying a resident being moved on (like a crate,perhaps) and to another part of the system; his medical problem solving metaphor, and thirdly "managing" the person by applying more quantity of care, which he said was not right. Nonetheless, Nick used the same metaphor when talking more generally about services later on: "We are not able to increase and decrease the level of services that's appropriate".

Dr Carter spelt out the problem solving metaphor as follows:
Nick: What you actually need is a small group of people who should deal with elderly at risk within each particular patch so you have a team of people who can come together quickly.
Dr Carter: I'm not sure - when there's a problem, how do you deal with it?.
Pat: When someone needs to be admitted.
Dr Carter: How do you define when someone needs to be admitted. Because what happens is, if someone has a problem, there are a number of ways you can deal with it and what will influence the way you deal with it is, one, what the actual problem is, and two, what the availability of resources is, and I think of a number of examples that arise. One lady, in a warden controlled thing somewhere not very far from here who was obviously in a terrible state unable to care for herself or anything but didn't want to go anywhere. Those poor wardens were having a terrible time. Now "does

need to be admitted".I mean, that person could have been admitted, I desperately wanted to and I thought that was alright but it shouldn't be. What should happen there -the appropriate support should go in so that the warden isn't driven into the ground as a consequence... Ideally there could be lots of space, bring her into a rehab unit for a week, sort everything out, get all the services tied up and send her home again but there's absolutely no chance of that because of pressure of the beds. So I said bring her to the outpatient clinic to actually go and do some of the things that the neighbour had been doing and look into the possibility of a laundry service. Now what's happening there is, rather than admit the person, you've got a very complex management exercise to get all those things working and to get them working now, cos otherwise she could fall down, the neighbour would throw up her hands in horror - there'd be all sorts of problems. If it was all just switched on, you turn the key and the problems would be resolved.

Nick: I was talking about the need to ensure services are relevant, flexible and responsive.

Dr Carter: And the other thing about this particular lady, if the problem had been picked up earlier, then there wouldn't have been the need to suddenly get it all organised at once.

Pat: It can be such a burden on the wardens, nearly always driven into the ground, carrying somebody for an awful long time.

Nick: I think it's because we're not able to increase... deliver services flexibly...increase and decrease the level of service as

appropriate... If you were able to be more sensitive to need, it may have been that you would have been putting something else in earlier, some additional aids at home, some training for the carer, or additional help for the warden to take the pressures off. People fail to see the wood from the trees because they're so mixed up with what's going on. I was able to step outside at St James and say the reason you're in such a muddle here is because this is what you're doing.

The problem metaphor is not here accepted by Nick who responds with a common jargon phrase "relevant, flexible and responsive", and inserts his own metaphor about the level of services (care as quantity of substance) which fits his own world of managing nursing time. He goes on to identify an obstacle as lack of education and not being able to "step back" which leads on to his complaints about Anton. I can read this "stepping back" as distancing from the individual patient (as Nick himself does).

Nick: "Because we'd said, in the plan it said 'dining room and sitting room', they'd furnished it completely as a sitting room one end and a dining room this end that they never use. Except for lunchtime. So the consequence was that they got the vast area. It was all cramped up and whoever, another group ordered 52 armchairs to go into this sitting area, and 52 dining room chairs to go into this area. But also with the 52 armchairs they ordered 52 small

tables - OK ? So when I looked: 'Look: I can see you're never going to move in here - it's true, isn't it (to Dr Carter) - it's stored in one of the wards at the moment but they've gone too far now, because I said : 'Look: the patients there can't read their newspapers because they can't hold them up. Now there are tables over there that they could spread them out on. Now can't you marry up the patient with the table for a start.'

Dr Carter: 'What's interesting is, people have actually decided they would do something and they've got stuck into it without thinking about it. Why ? Is it because the people themselves aren't able to think ? Probably not, because at home, if people have problems like that, they sort it out. Are they under so much pressure that they don't stop and think, or is it because the person who does that sort of rearranging is actually the boss - and therefore you can't do anything about it. One of the things that people keep saying about St James' is that the management structure is too overwhelmingly controlling: doesn't allow for initiative by people further down.'

Nick: 'I would say that what they need - and what I've done with the staff is said, 'You have the freedom to experiment. Don't be afraid of making mistakes. Think about the whole. There are people there who ought to be creating space for themselves to sit down and look at what's going on. They're so intent on the doing that they can't think about the whole - so the morale was falling. Everyone wanted

to get on, get people up, tidy the place, and do the things that they had to do at the old St James' to create working space.

Here, Dr Carter again reveals his problem metaphor through which he views Nick's description. His own view of what was wrong suggested that people (nurses) would not want to take responsibility; the master-servant metaphor could come to him as an explanation, strong in the previous hospital, St James'.

Nick then extends the education metaphor to nurses' practical experimentation (on patients) and 'space to think' (which would distance further from patients - and fit the notion of professional territory). Later Nick says they felt "threatened by designated areas" - constrained by the designated function of rooms in the plans, but "threatened", which emphasised the perceived powerlessness of nurses. Patients don't come out of this very well: being experimented on as material, and being 'married' with tables as if equivalent. A later exchange :

Nick: 'I got Sister to promise that she would actually experiment in the day room. I'd suggested that they use the whole room, group some of the patients round the big tables - those people who need space - have difficulty holding, and those people who had some interests in common so they could actually talk to each other - facing each other instead of being at angles where you've got to turn and so on. But

also to have some variety within the area where people could actually sit in little groups closer together. They went the whole hog, put everyone at tables. It's too stereotyped the other way now. But they're a bit reluctant to change anything because they said that they want to establish what they've got'.

Dr Carter: 'It's very interesting though this place. Because if you go into the dayroom you wouldn't know you're in a geriatric ward - you'd think that you were in a hotel, a Convention of old people meeting, warden-controlled accommodation - there's nothing to tell you you're in a geriatric long stay ward - nothing at all. No inco pads, no dressing gowns, pyjamas, nothing - it's incredible, it really is.

Patients are being 'put' in positions that set a scene 'a tableau', which shouldn't be too stereotyped - treated here like cardboard cutouts, even (perhaps in a theatre metaphor - they are the scenery). But Dr Carter praises the surroundings and appearance. Without the visual trappings of a geriatric ward it could be a hotel - but in a hotel or convention, guests and delegates do move as they wish. Presumably patients would benefit from the improved surroundings - but may have to be tidied up themselves in order to take part. The hotel or convention metaphor is revealed as hardly appropriate, given the context.

In the latter part of the discussion the war metaphor, implicit here and taboo internally, appeared to be behind Nick's continuing comments about Anton:

Nick: 'I think one of the things about Anton was the watershed if you like of people's thinking, was that someone outside the organisation actually criticised what was going on. Now that was the most positive thing that happened. They were quite happy to moan amongst themselves and be non creative if you like. But someone else actually wrote some criticism in the newspaper, OK, and they started to look then at the positive things that were going on, which um actually took down some of the barriers. It's not as bad is it, you know - we are quite well off - they said: 'It's rubbish what she's saying you know - how can she actually say it was better in the old St James' than it is here' (laughs). And they were actually smiling. Up until that time people had been looking all miserable and pressurised. It really made them feel that they were part of it. It's actually how you sustain that, because my big anxiety with St James' was you had people who worked in close proximity with each other, all the disciplines because of the confines of space, and then moving into a larger building with designated spaces for the groups of people, physics, OT and so on, my fear was that they would all go to their own ends and that's what happened'.

The implications were that professionals could work together, given an external enemy (the external criticism) - the way Nick talked, he was surprised by this and concerned how to keep this cameraderie going. The 'designated spaces' notion encountered earlier in relation to plans for the new building, was extended here to professionals' territory. From my background knowledge I knew there had been arguments about the rehab staff (OTS and physiotherapists) having a huge 'rehab department', but which was not being used much, due in part to arguments over who should escort patients and see to their physical needs when having rehabilitation, given short staffing.

Nick was irritated by these barriers: 'irrespective of their professional base, most people have skills in particular areas which should be recognised and used'. The 'base' and 'area' metaphors fit still with the notion of territory as the means of distinguishing professionals - and a hidden use of the war metaphor as territory to be fought over.

Later, Nick said: 'I'm sick of this withdrawal into corners that's gone on at Anton. I'm an OT. We don't do this occupation stuff. We're there to assess needs'. The territory metaphor, particularly apt because literally professionals did have designated working areas in the new large hospital, was being applied to the tasks people were doing, in this case Occupational Therapists refusing to

help patients with 'problems, and problems of feeding.... whereas the objective here is to achieve with the team, contributions, cleaning, catering, OT, nursing, medical all contribute to the whole'. Nick sought to apply the team notion to how professionals should work together - although almost dead as a metaphor - it has connotations of the game, and all working together, on one side, within a game.

Dr Carter could stand away from the war/territory metaphor as his 'role' is to 'hold together' views of OT, physio etc.', pull them all out so some sort of plan of action is confirmed. So they get on with it'. He did say he 'feels a level of detachment', partly probably from his expressed interest in management rather than the clinical activities. Whatever antagonism exists between other professionals, he is out of it but pulls together the views to form a plan of patient care which is then acted on: directing care from a distance. This is how he solves a problem. If a problem does not appear to be solved, it is disposed of (by removal to another part of the system): 'Sometimes this lady's just got to go home'.

Nick expanded on the 'care as quantity of substance' metaphor: 'Anyone discharged from hospital actually takes a nosedive for about 3 or 4 days. Their abilities and that fall. And the same thing happens in reverse when they come into hospital. They may be at this particular level here; particularly elderly people get deskilled

rapidly so you're not starting from this position here of the original assessment, you're starting way down here and it may be hours, first few hours of admission that encourages them to think they're more disabled than they are, or that they are not given the freedom to control their own lives if you like within the environment. And again, coming out, if the hospital staff recognise that OK this is the level of rehabilitation required for the person to live successfully at home, then recognising that the first few days they're going to go down, they've got to go slightly above it, and maybe put in extra help for the first few days, with those people who put it in, having a plan that doesn't make that person dependent, that facilitates their restoration to their level'.

This extract shows the belief in a relationship between 'level' of dependence and 'level' of care, which is how the 'care as quantity of substance' metaphor is justified, and also fits with the idea of 'maintaining': maintaining a person at home, or 'maintaining and restoring personal and social skills' (Nick) where it interleaves with the prestigious education metaphor (maintaining skills). At one point, Nick was pursuing his 'educator' role in two respects by also showing Dr Carter how to educate (or influence) - but he had a totally different view, consistent with his problem-solving view - solving clinical problems from a distance. Though he was designated as 'Group leader' for geriatric services, by Jim, he could not

appear to operate a view of leadership other than the problem solving one, deciding clinical matters:

Dr Carter: I'm not sure what I influence. We discuss it and I give my ideas and listen to other people's views. But actually I don't really have a direct role. I could have but it would louse things up. If I waded into St James' and said: 'You'll do things like this, like that, I'd hate it and so would they'.

Nick: 'But influence is about finding areas where people are interested to follow up ideas. They've got to see not only what're the benefits to the service, but also there've got to be spinoffs for them. There've got to be bits in it that actually give them some satisfaction and recognition for what they do. Now if you can get those elements together, then the service and people's morale will rise, won't it.

Me: 'There is something well documented... that even the giving of attention to people and recognising what they do, raises consciousness in itself'.

Dr Carter: 'I find this very interesting, 'cos I actually operate in a different way. In St James' my real role there in terms of what I actually do is decide clinical matters, and just, almost I suppose, hold together views of the OTs, physios and so on, and try and pull

them all out, so some sort of plan of action is confirmed. So they get on with it. I find I'm doing that at the DGH. Every now and then I say, look this lady's just got to go home. Too bad if it looks wrong, these are the reasons, set up and send her home. The other side of that is I actually go around feeling terribly insecure sometimes thinking My God I'm not doing my job properly. Because here I am, flying around, and perhaps it's not working, perhaps there's a problem - I should be doing something about it. I feel it as a level of detachment.

Pat: 'I think your job is to encourage the staff as well. Like at case conferences when you say: 'Oh, I didn't think we'd get anywhere with that one', it boosts me up'.

Thus the discussion about Dr Carter's role - seen differently by himself and by Nick - has moved on to one of mutual support of status - a topic acceptable to all.

The war metaphor, generally taboo, was seen on one or two occasions in the follow-on group discussion (which excluded Pat). Jane was suggesting that GPs should visit those over 80. (Such a screening system for those over 75 was introduced in 1990 though not necessarily by GPs visiting). Dr Carter's response was that there was not necessarily a need. 'It is important if there's a problem that action is taken... If you actually set up a health surveillance

type system... subsequent visit, well look this matter's got worse; do something about'. On the same topic, Nick said: 'If you're going to do it in a way to give early warning of problems arising, you've got to use the same series of questions (in a survey)' and 'if you're in the front line with the patient and the GP is, deficiencies are obvious'. Such references, to surveillance, early warning and the front line indicated the seriousness of the battle with (presumably) illness, though the patients in the battle situation were not necessarily ill yet - they were any (elderly) members of the public. Unfortunately this thinking can lead to people being caught or trapped in the clutches of the Health Service net (as I have myself thought of it) - to have, perhaps, unwanted advice or even treatment, to be encouraged to move or to have unwanted unannounced visitors (staff) to the home. The thinking - and the dilemma of whether or not to try surveillance - is evident in this exchange from the other group:

Norman: I was thinking, if you surveyed, regardless of service provision to elderly people, if you surveyed elderly people...

Susan: Ah. Yes.

Norman: You would be picking up elderly people, who's providing care, who's being duplicated, and so on and so forth.

Liz: Always providing the person doesn't mind being surveyed. Because I think that's important. Very important. Because that's almost an invasion, intrusion on perhaps someone that doesn't want to be....

Norman: Oh, I'd agree. And I think that... Well I think that you can't do a survey unless you have got the person's permission.

Liz: Mm. There's going to be some that are going to escape or... slip through the net whichever way you want to put it.

Susan: Yes. Always there'll be a few.

Here, the Health Service system is given more vividness as a problem or a net - in any case, a trap.

GROUP DISCUSSION: NORMAN, LIZ, SUSAN

The second group discussion, with Norman, Liz and Susan, took mainly the theme of educating people especially in relation to day care. The organisation as an education entity was a respectable metaphor, education being seen as a Good Thing and hard to disagree with, and conferring status to the educators. It also avoids laying blame for a less than perfect world which results from lack of education - no one's fault. However, when I asked who should be reeducated, the

interviewees were reluctant to specify, then Susan suggested informal carers - a harmless suggestion. Liz first introduced the idea of education, in the discussion about clarifying what day care means:

'Like reeducating some people. Then you will say to me, well, what people. I'm thinking out loud. I mean I think I know what I think day care means but what I think might not be the thing that anybody else'.

Norman responded, referring to 'network' and 'links', drawn from a system metaphor. This did not clash with the education metaphor as it occurred within it (a 'layered metaphor') as a subject for education:

'I wonder if you couldn't brainstorm all the activities that could comprise day care. And then think about the relationships between all of them and select out of those, those that would provide a logical network supporting the domiciliary services. So you'd have a list of say 30, but you actually might only need 10 in Barton because they were well logically related to each other. There may be links between some of them'.

There the system metaphor was being used with the range/components of services metaphor.

During the discussion the system metaphor was juxtaposed with the care as quantity metaphor, again not clashing, with different target domains, and the possibility of 'care' being something in the system (layered again). So Norman said:

'Somehow got to make a link between the level of domiciliary support and the level of day care required'.

and later, Liz:

'Like trying to get a sort of GP cover for the over 70s or something so that you had some idea of how the patients were doing. If they needed day care, day facility, then they got a little bit better, then they would go perhaps on to a day centre, perhaps then they wouldn't need a day centre, perhaps they'd deteriorate, they might need carers in the community. It's a sort of a circular link all the time; sort of keep them ticking over in the community and keeping them out of hospital beds unless they become acutely ill. A bit sweeping probably ' (laughs).

Norman, however, questioned this use of the education metaphor, and at the same time challenged the 'range' or services as components metaphor. He challenged the education metaphor effectively, by using it to convey his question (just as OPD Sister turned the shop window metaphor); but returned to it to reinforce his points:

'The difficulty I have with the notion of reeducating people is quite what we're trying to reeducate them to do. It seems to me that we should be saying to GPs in particular that it's not a choice of one or the other but the theory should be that day care supplements domiciliary support at home and the day care then provided goes in to support what's already going on at home. It's not that if Mrs Jones turns up at the GP surgery with a particular problem you can say to her, OK go to a day hospital for a day or a day centre for a day. But it should be about: Well, you're already at home Mrs Jones, what can we do more for you in your own home, whether that be aids and adaptations or maybe it is going to be day hospital or something. But it seems to me that we need to reeducate people in terms of the philosophy of the service'. When I asked who should do the re-educating, Susan described a system uncontrolled - needing control. "There are lots of people sort of rushing about either providing individual services or referring people to those services. There's no main co-ordinator".

Notions of power and control and anything that conveys a military metaphor within the organisation is generally taboo (as with Mr Leyton's point that having things written down is like the Army - implying anathema to the health service), but the idea of "co-ordinating " is ingrained in the Health Service as being a main role of the old-style Administrator. Norman again challenges the single co-ordinator idea, introducing his familiar group notion

which again fits Health service thinking prior to the introduction of general management and fitting the "range"/service as components metaphor-suggesting the more contributions, the merrier.

"I can't envisage a situation where a single coordinator would have the depth of knowledge and experience to be able to take on even those first tasks of re-educating people in to what's available and of how to use it, and that inevitably there will be a group coordinating care for elderly people that will span all of the agencies involved because as you will know, there's a substantial input from Social Services and from voluntary organisations and whatever thoughts we have on how this is all going to be agreed, it's going to have to take on board views from Social Services and so the coordinator part is coordinating the views of all the agencies. And I think that has to be a group because it will bring the range of experiences. And I suspect the individual coordinator would find it extremely difficult - unless he's coordinating the views of all the groups of course.

Susan: Yes. I think what I saw was not so much the person sitting behind the desk but an office somewhere that had all the information available.

Liz: A team working in there ,sort of.

Susan: I think you're absolutely right, that no one person.. because they're going to come from one Sector or another, is going to be able to coordinate it: A group.

Norman: But I think it's such a vast issue that you could in a sense have a hit team which just concentrated on services for the elderly as a particular project and worked through all the issues and implemented. So one group would be responsible for establishing a new range of services for elderly people.

The coordinator notion, (who may be the taboo commander, disguised) is hard to sustain vs. the "range" notion and the respectable metaphor of the group or, in particular, team working together.
Later in the discussion, when I am trying to get their group to propose anything which could be done now, Norman brings many metaphors together in a few phrases, showing that he has a grip on the various perspectives and also reflecting Jim's journey metaphor of management, not surprisingly as he may feel he is representing a general management view, being as he admitted to me, "a career manager".
"I think the groups are there and in a sense ready to roll. The question that's been raised here is whether they're actually performing the right role. But what the groups are not doing is cascading down through the service and re-educating people as to how the various services are being used. It's more describing what the services should be, within those groups at the moment".
Again, Norman tries to turn people away from the education view by implying this will come later - and implicitly following the "Management by Objectives" metaphor.

"Whether the task of a group should be to re-educate people on how to use domiciliary care and what's available. I'm not sure you can do that until you actually know what it is you wish to provide. So the first role of the group is presumably got to be to define the kind of service you want to provide, which is very much the aim if the current groupings, before then, are going out to re-educate people on how to use them".

Norman had raised the issue of the image of St Peter's and how it could be improved. The others Susan and Liz were keen on that topic as senior staff there. Liz made a comparison with the County (Hospital-the DGH): I don't know if we're in a sort of competition- I use that word lightly- with the County bearing in mind it's just had a new wing. She hesitated over using the competition metaphor (which colludes with a war or market metaphor) given its taboo nature against the view of all working together. But as the discussion develops it becomes a comparison of status with the DGH - status also being a taboo idea which conveys either lording it over someone or being dissatisfied - both unacceptable attitudes in the organisation. The following extract indicates the strong views on status - an acceptable topic in this context as the "image of St Peter's" is the subject of discussion - and vividly revealed in the Cinderella metaphor.

Susan: We need to improve our image within the Health Authority, to an extent. Yes, I mean people are always very nice when they come to see us, they are very interested in what we're doing, but there's no doubt that St Peter's is the Cinderella compared to the County(DGH).

Norman: In terms of?

Liz: General approach..well attitudes.

Susan: We're an afterthought.

Liz: Yes,we are.

Norman: By the Authority or by the population.

Liz: The Authority.

Susan: Yes, well they probably won't like to hear that and they would probably argue with me and say, Oh that's not true, but I do sometimes feel that they remember us afterwards. Things like the Queen's visit to the County last year. I had to beg to allow some of us to go up there to see her. When they were told about us, of course yes, St Peter's, yes of course we must, and then fell over themselves to be helpful. Nobody independently thinks of inviting us to these things. We are regularly forgotten in social events.

Liz: We're just excluded.

Me: So who needs to do something about that?

Susan: Well, we do a fair bit of leaping up and down and say hang on what about us. You can't just write us off. I suppose one of the things that's very near to me at the moment is about catering you know. The catering service - it's really old ground this, and I hate to be too boring on the subject but we have got the most vulnerable

members of society in our hospital beds getting the worst food and yet the County blames the wards for it.

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